

## NOTICE OF AWARD

State Of Missouri  
Office Of Administration  
Division Of Purchasing  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://oa.mo.gov/purchasing>

<b>SOLICITATION NUMBER</b> RFPS30034901700042	<b>CONTRACT TITLE</b> Alternatives to Abortion Program Services												
<b>CONTRACT NUMBER</b> CS170042002	<b>CONTRACT PERIOD</b> February 1, 2017 through June 30, 2017												
<b>REQUISITION/REQUEST NUMBER</b> NR 300300700001	<b>SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID</b> 80045589000/ MB00094272												
<b>CONTRACTOR NAME AND ADDRESS</b> CATHOLIC CHARITIES OF SOUTHERN MISSOURI 424 EAST MONASTERY STREET SPRINGFIELD MO 65807	<b>STATE AGENCY'S NAME AND ADDRESS</b> Office of Administration Commissioner's Office State Capitol Building, Room 125 Jefferson City MO 65101												
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  The proposal submitted by Catholic Charities of Southern Missouri in response to Solicitation Opportunity OPP No. RFPS30034901700042 is accepted in its entirety. The maximum annual total prices available for fiscal year 2017 and prorated total prices for the above-referenced contract period are as follows:													
<table border="1"><thead><tr><th>Geographic Region</th><th>Maximum Annual Total Price</th><th>Prorated Total Price for the Period February 1, 2017 through June 30, 2017</th></tr></thead><tbody><tr><td>7</td><td>\$233,458.00</td><td>\$97,274.17</td></tr><tr><td>8</td><td>\$69,698.00</td><td>\$29,040.83</td></tr><tr><td>9</td><td>\$94,500.00</td><td>\$39,375.00</td></tr></tbody></table>		Geographic Region	Maximum Annual Total Price	Prorated Total Price for the Period February 1, 2017 through June 30, 2017	7	\$233,458.00	\$97,274.17	8	\$69,698.00	\$29,040.83	9	\$94,500.00	\$39,375.00
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9	\$94,500.00	\$39,375.00											
<b>BUYER</b> Julie Kleffner	<b>BUYER CONTACT INFORMATION</b> Email: Julie.Kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816												
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 1-25-17												
<b>DIRECTOR OF PURCHASING</b>  Karen S. Boeger													



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR BEST AND FINAL OFFER (BAFO)  
FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 002  
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 10/18/16

REQ NO.: NR 300 300700001  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 10/25/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN BAFO RESPONSE TO: (U.S. Mail) PURCHASING  
PO BOX 809  
JEFFERSON CITY MO 65102-0809  
or (Courier Service) PURCHASING  
301 WEST HIGH STREET, RM 630  
JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
Catholic Charities of Southern Missouri, Inc.		Catholic Charities of Southern Missouri, Inc.	
MAILING ADDRESS			
424 E Monastery Street			
CITY, STATE, ZIP CODE			
Springfield MO 65807			
CONTACT PERSON		EMAIL ADDRESS	
Maura Taylor		mtaylor@ccsomo.org	
PHONE NUMBER		FAX NUMBER	
417-720-4213		417-720-4216	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local/Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		10/20/16	
PRINTED NAME		TITLE	
Maura Taylor		Executive Director	

**BEST AND FINAL OFFER (BAFO) #002 to RFPS30034901700042**

**TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** Effective Date of Contract through June 30, 2017

RFPS30034901700042 is hereby revised as follows:

1. The following paragraphs in RFPS30034901700042 contain changes:

- 2.2.3
- 2.3.2
- 2.3.2 d.
- 2.3.2 i.
- 2.3.2 l. 2) second bullet point
- 2.4.1 e. 1)
- 2.4.1 e. 4) bullet point
- 2.5.5 a., b., and c.
- 2.11.4 e.
- 4.1.4
- 4.1.5

2. Exhibit F is revised.

The changes are indicated in *italics*, *unless the change is a deletion of words*.



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR BEST AND FINAL OFFER (BAFO)  
FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 001  
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 09/27/16

REQ NO.: NR 300 300700001  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: October 4, 2016 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN BAFO RESPONSE TO: (U.S. Mail) PURCHASING PO BOX 809 JEFFERSON CITY MO 65102-0809 or (Courier Service) PURCHASING 301 WEST HIGH STREET, RM 630 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
Catholic Charities of Southern Missouri, Inc.		Catholic Charities of Southern Missouri, Inc.	
MAILING ADDRESS			
424 E Monastery Street			
CITY, STATE, ZIP CODE			
Springfield, MO 65807			
CONTACT PERSON		EMAIL ADDRESS	
Maura Taylor		mtaylor@ccsomo.org	
PHONE NUMBER		FAX NUMBER	
417-720-4213		417-720-4216	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		10/20/16	
PRINTED NAME		TITLE	
Maura Taylor		Executive Director	

**BEST AND FINAL OFFER (BAFO) #001 to RFPS30034901700042**

**TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** Effective Date of Contract through June 30, 2017

RFPS30034901700042 is hereby revised as follows:

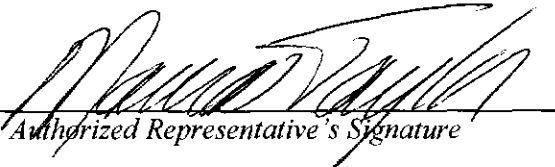
1. The contract ending period has changed from May 31, 2017 to June 30, 2017.
2. The following paragraphs contain changes:
  - 1.3.2
  - 1.3.4
  - 2.10.8
  - 2.12.3. b.
  - 3.3.2 a. 1), including the table
2. Exhibit F, Item 15, has been revised.

**EXHIBIT K, continued****AFFIDAVIT OF WORK AUTHORIZATION:**

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Maura Taylor (Name of Business Entity Authorized Representative) as Executive Director (Position/Title) first being duly sworn on my oath, affirm Catholic Charities of Southern Missouri, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Catholic Charities of Southern Missouri, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

  
Authorized Representative's Signature

Maura Taylor  
Printed Name

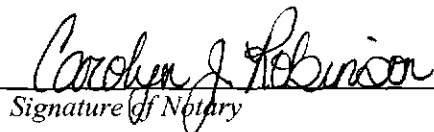
Executive Director  
Title

9/29/2016  
Date

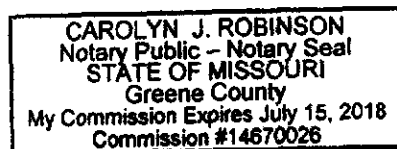
mtaylor@ccsomo.org  
E-Mail Address

521080  
E-Verify Company ID Number

Subscribed and sworn to before me this 29<sup>th</sup> of September. I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of Greene, State of  
(NAME OF COUNTY)  
Missouri, and my commission expires on July 15, 2018.  
(NAME OF STATE) (DATE)

  
Signature of Notary

9/29/2016  
Date




**EXHIBIT K, continued**

**AFFIDAVIT OF WORK AUTHORIZATION:**

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Sr. Anne Francioni (Name of Business Entity Authorized Representative) as Executive Director (Position/Title) first being duly sworn on my oath, affirm Whole Kids Outreach (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Whole Kids Outreach (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

  
Authorized Representative's Signature

Sr. Anne Francioni  
Printed Name

Executive Director  
Title

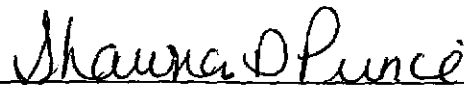
September 29, 2016  
Date

Oct 5, 2016

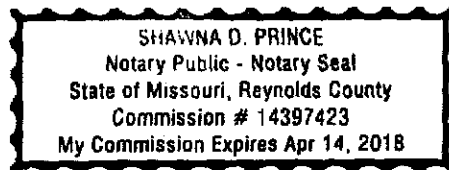
sisteranne@wholekidsoutreach.org  
E-Mail Address

209296  
E-Verify Company ID Number

Subscribed and sworn to before me this 5<sup>th</sup> of October 2016. I am  
(DAY) (MONTH YEAR)  
commissioned as a notary public within the County of Reynolds, State of  
(NAME OF COUNTY)  
Missouri, and my commission expires on 4-4-18.  
(NAME OF STATE) (DATE)

  
Signature of Notary

10-5-2016  
Date



**PRICING PAGE, continued****Pricing Table Revised by Addendum #1**

Line Item	Geographic Region	Original Contract Period Maximum Annual Total Price (based upon a 12-month period)	Minimum Annual Total Price Required to Provide Services (based upon a 12-month period)	Non-Residential Services, Price Per Client, Per Month	Residential Care Services, Price Per Client, Per Month
1	1	\$ _____	\$ _____	\$ _____	\$ _____
2	2	\$ _____	\$ _____	\$ _____	\$ _____
3	3	\$ _____	\$ _____	\$ _____	\$ _____
4	4	\$ _____	\$ _____	\$ _____	\$ _____
5	5	\$ _____	\$ _____	\$ _____	\$ _____
6	6	\$ _____	\$ _____	\$ _____	\$ _____
7	7	\$328,766	\$ _____	\$126.96	\$3,502.50
8	8	\$73,150	\$ _____	\$158.53	\$3,502.50
9	9	\$94,500	\$ _____	\$158.53	\$3,502.50



Jeremiah W. (Jay) Nixon  
Governor



Doug Nelson  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 Fax: (573) 526-9816  
TTD: (800) 735-2966 Voice: (800) 735-2466  
<http://oa.mo.gov/purchasing>

Karen S. Boeger  
Director

October 18, 2016

Maura Taylor  
Catholic Charities of Southern Missouri, Inc.  
424 E. Monastery Street  
Springfield MO 65807

Via e-mail: [mtaylor@ccsomo.org](mailto:mtaylor@ccsomo.org)

Dear Ms. Taylor:

Best and Final Offer (BAFO) #001 request for Alternatives to Abortion Program Services was issued on September 27, 2016. On September 29, 2016, an e-mail was issued by Jason Kolks advising Catholic Charities of Southern Missouri, Inc. the BAFO #001 request for RFPS30034901700042 was indefinitely extended. With the exception to the revisions to RFPS30034901700042, BAFO #001 is hereby cancelled in its entirety.

In accordance with paragraph 3.2 of RFPS30034901700042, this letter shall constitute a second official request by the State of Missouri to enter into competitive negotiations with your company. Included with this letter are two (2) attachments.

One attachment is a new complete copy of the RFP that includes changes to the RFP as a result of the BAFO #001 request as well as additional changes to the RFP as a result of BAFO #002 request.

The RFP includes Best and Final Offer #002 (BAFO #002) as the cover page. Be sure to have an authorized representative of your organization complete and sign the BAFO #001 and BAFO #002 cover pages and return with your BAFO response.

Another attachment is the BAFO #002 Request List which supersedes the BAFO Request List issued with BAFO #001. The BAFO #002 Request List includes a list of areas identified in your proposal as concerns, areas requiring clarifications, and areas of deficiency, which may not comply with the requirements of the RFP. The list also includes a request for specific responses to identified RFP paragraphs.

In your response to BAFO #002, you may make any modification, addition, or deletion deemed necessary to your proposal. However, it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #002 Forms, any response to the BAFO #002 Request List, and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need to be submitted.

Furthermore, please understand that your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing. Also, ensure your response to this BAFO request addresses the latest version of each paragraph/exhibit of the RFP.

You are requested to respond to this BAFO request by submitting a written, sealed "Best and Final Offer" BY 5:00 PM CENTRAL TIME ON October 25, 2016 to:

Attention: Julie Kleffner  
Division of Purchasing  
301 West High Street, Truman Building, Room 630  
Jefferson City, MO 65101

The outside of the packet containing the BAFO response needs to state, "BAFO for RFP30034901700042" on the lower left corner. Please include the original plus three (3) copies (for a total of four (4) documents) of your response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov.

Sincerely,



Julie Kleffner

c: Evaluation Team  
RFP30034901700042

Attachments: Best and Final Offer Request List  
RFP including BAFO form

**CATHOLIC CHARITIES OF SOUTHERN MISSOURI, INC.**

**BEST AND FINAL OFFER REQUEST LIST**

**BAFO NO. 002 FOR RFP RFPS30034901700042**

**1. IDENTIFIED DEFICIENCIES AND AREAS OF CONCERN/CLARIFICATION:**

1.1 Paragraph 3.8.3 of the RFP requires completion and submission of the applicable portions of Exhibit F, *Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization*, in order to affirm your enrollment and participation in the E-Verify federal work authorization program. According to our records, an E-Verify Memorandum of Understanding or Employment Eligibility Verification page is on file with the State of Missouri for Catholic Charities of Southern Missouri, Inc. However, a current Affidavit of Work Authorization is still needed. With your BAFO response, Catholic Charities of Southern Missouri, Inc. is requested to submit a completed Affidavit of Work Authorization that has been signed and notarized within the last twelve (12) months.

1.2 The Pricing Page of the RFP instructed the vendor to complete the table on the Pricing Page for each region proposed. Catholic Charities of Southern Missouri, Inc. provided a maximum annual total price and a price per client, per month for non-residential services. Paragraph 4.1.5 of the Pricing Page further states, "Residential Care Services, Price Per Client, Per Month – The vendor shall provide a price per client, per month for providing all services within a residential care setting in accordance with the provisions and requirements herein. *NOTE: In the event the vendor will provide the client with a residential care referral, the vendor is still required to submit a price per client, per month.*"

Catholic Charities of Southern Missouri, Inc. failed to provide a price per client, per month for Residential Care Services for Geographic Region 8 or Geographic Region 9.

In order to be compliant, Catholic Charities of Southern Missouri, Inc. must provide a price per client, per month for Residential Care Services for Geographic Region 8 and Geographic Region 9 with the BAFO response.

**2. VENDOR RESPONSE TO CHANGED REQUIREMENTS:** Requirements of the RFP have been revised by BAFO #001 and BAFO #002. By signing the cover page of the BAFO #001 and #002 request, the vendor indicates acceptance and compliance with all revisions therein.

2.1 Specifically, paragraph 2.10.8 inserted personnel requirements. With the BAFO response, Catholic Charities of Southern Missouri, Inc. is requested to indicate understanding and agreement with the inserted requirements.

Jeremiah W. (Jay) Nixon  
Governor



Doug Nelson  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
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<http://oa.mo.gov/purchasing>

Karen S. Boeger  
Director

October 18, 2016

Maura Taylor  
Catholic Charities of Southern Missouri, Inc.  
424 E. Monastery Street  
Springfield MO 65807

*Via e-mail: [mtaylor@ccsomo.org](mailto:mtaylor@ccsomo.org)*

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The RFP includes Best and Final Offer #002 (BAFO #002) as the cover page. Be sure to have an authorized representative of your organization complete and sign the BAFO #001 and BAFO #002 cover pages and return with your BAFO response.

Another attachment is the BAFO #002 Request List which supersedes the BAFO Request List issued with BAFO #001. The BAFO #002 Request List includes a list of areas identified in your proposal as concerns, areas requiring clarifications, and areas of deficiency, which may not comply with the requirements of the RFP. The list also includes a request for specific responses to identified RFP paragraphs.

In your response to BAFO #002, you may make any modification, addition, or deletion deemed necessary to your proposal. However, it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #002 Forms, any response to the BAFO #002 Request List, and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need to be submitted.

Furthermore, please understand that your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing. Also, ensure your response to this BAFO request addresses the latest version of each paragraph/exhibit of the RFP.

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You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov.

Sincerely,



Julie Kleffner

c: Evaluation Team  
RFPS30034901700042

Attachments: Best and Final Offer Request List  
RFP including BAFO form

**CATHOLIC CHARITIES OF SOUTHERN MISSOURI, INC.**

**BEST AND FINAL OFFER REQUEST LIST**

**BAFO NO. 002 FOR RFP RFPS30034901700042**

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2. **VENDOR RESPONSE TO CHANGED REQUIREMENTS:** Requirements of the RFP have been revised by BAFO #001 and BAFO #002. By signing the cover page of the BAFO #001 and #002 request, the vendor indicates acceptance and compliance with all revisions therein.

2.1 Specifically, paragraph 2.10.8 inserted personnel requirements. With the BAFO response, Catholic Charities of Southern Missouri, Inc. is requested to indicate understanding and agreement with the inserted requirements.

**Jeremiah W. (Jay) Nixon**  
Governor



**Doug Nelson**  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 Fax: (573) 526-9816  
TTD: (800) 735-2966 Voice: (800) 735-2466  
<http://oa.mo.gov/purchasing>

**Karen S. Boeger**  
Director

September 27, 2016

Maura Taylor  
Catholic Charities of Southern Missouri, Inc.  
424 E. Monastery Street  
Springfield MO 65807

*Via e-mail: [mtaylor@ccsomo.org](mailto:mtaylor@ccsomo.org)*

Dear Ms. Taylor:

In accordance with paragraph 3.2 of RFPs30034901700042 for Alternative to Abortion Program Services, this letter shall constitute an official request by the State of Missouri to enter into competitive negotiations with Catholic Charities of Southern Missouri, Inc. Included with this letter are two attachments.

One attachment is a complete copy of the RFP, including revisions to the RFP. The cover page of the attached RFP is the Best and Final Offer #001 form. This BAFO #001 form must be completed, signed by an authorized representative of your organization, and returned with your BAFO response. Signing the BAFO #001 form confirms your understanding and agreement to comply with the provisions and requirements of the RFP as modified by any previously issued RFP amendments by this request for a BAFO.

Another attachment is the Best and Final Offer (BAFO) Request List which identifies areas of concern with your proposal, areas of your proposal needing clarification, and areas of deficiency which may not comply with the requirements of the RFP. However, please understand that the State of Missouri is under no obligation to advise you of any or all of these areas and makes no claim related thereto. The list also includes a request for specific responses to identified RFP paragraphs.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, please be advised that it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #001 form, your response to the BAFO Request List, and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need be submitted. Your BAFO response is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

You are requested to respond to this request for a BAFO by submitting a written, sealed "Best and Final Offer" by 5:00 p.m. Central Time on October 4, 2016 to:

Attention: Julie Kleffner  
Division of Purchasing  
301 West High Street, Truman Building, Room 630  
Jefferson City, MO 65101-1517

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901700042" on the lower left corner. Please include the **original plus five (5) copies (for a total of six (6) documents)** of your response. In addition, the offeror should provide one (1) copy of the response in a Microsoft compatible format on a CD(s) or flash drive. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at [julie.kleffner@oa.mo.gov](mailto:julie.kleffner@oa.mo.gov). Your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal are sincerely appreciated.

Sincerely,



Julie Kleffner

c: Evaluation Team  
RFPS30034901700042

Attachments: Best and Final Offer Request List  
RFP including BAFO #001 form



**CATHOLIC CHARITIES OF SOUTHERN MISSOURI, INC.**

**BEST AND FINAL OFFER REQUEST LIST**

**BAFO NO. 001 FOR RFP RFPS30034901700042**

**1. IDENTIFIED DEFICIENCIES AND AREAS OF CONCERN/CLARIFICATION:**

1.1 Paragraph 3.8.3 of the RFP requires completion and submission of the applicable portions of Exhibit F, *Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization*, in order to affirm your enrollment and participation in the E-Verify federal work authorization program. According to our records, an E-Verify Memorandum of Understanding or Employment Eligibility Verification page is on file with the State of Missouri for Catholic Charities of Southern Missouri, Inc. However, a current Affidavit of Work Authorization is still needed. With your BAFO response, Catholic Charities of Southern Missouri, Inc. is requested to submit a completed Affidavit of Work Authorization that has been signed and notarized within the last twelve (12) months.

1.2 The Pricing Page of the RFP instructed the vendor to complete the table on the Pricing Page for each region proposed. Catholic Charities of Southern Missouri, Inc. provided a maximum annual total price and a price per client, per month for non-residential services. Paragraph 4.1.5 of the Pricing Page further states, "Residential Care Services, Price Per Client, Per Month – The vendor shall provide a price per client, per month for providing all services within a residential care setting in accordance with the provisions and requirements herein."

Catholic Charities of Southern Missouri, Inc. failed to provide a price per client, per month for Residential Care Services for Geographic Region 8 or Geographic Region 9.

In order to be compliant, Catholic Charities of Southern Missouri, Inc. must provide a price per client, per month for Residential Care Services for Geographic Region 8 and Geographic Region 9 with the BAFO response.

**2. VENDOR RESPONSE TO CHANGED REQUIREMENTS:** Requirements of the RFP have been revised by BAFO #001. By signing the cover page of the BAFO request, the vendor indicates acceptance and compliance with all revisions therein.

2.1 Specifically, paragraph 2.10.8 inserted personnel requirements. With the BAFO response, Catholic Charities of Southern Missouri, Inc. is requested to indicate understanding and agreement with the inserted requirements.

ORIGINAL

**Alternatives to Abortion Program Services**

**Request for Proposal**

**RFPS30034901700042**



**Catholic Charities  
of Southern Missouri**  
*Reaching Out. Providing Hope. Changing Lives.*

**Vendor:**

**Catholic Charities of Southern Missouri, Inc.**

**Proposed Service Regions: 7, 8 & 9**



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

ADDENDUM NO.: 1

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 08/11/16

REQ NO.: NR 300 300700001

BUYER: Julie.kleffner@oa.mo.gov

PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH  
[HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuy.mo.gov) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND ADDENDUM(S) TO:

(U.S. Mail)

PURCHASING

PO BOX 809

JEFFERSON CITY MO 65102-0809

or

(Courier Service)

PURCHASING

301 WEST HIGH STREET, ROOM 630

JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP addendums. The vendor should, as a matter of clarity and assurance, also sign and return all previously issued RFP addendum(s) and the original RFP document. The vendor agrees that the language of the original RFP as modified by this and any previously issued RFP addendums shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

## SIGNATURE REQUIRED

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
Catholic Charities of Southern Missouri, Inc.		8004558900 0	
MAILING ADDRESS			
424 E Monastery Street			
CITY, STATE, ZIP CODE			
Springfield, MO 65807			
CONTACT PERSON		EMAIL ADDRESS	
Maura Taylor		mtaylor@ccsomo.org	
PHONE NUMBER		FAX NUMBER	
417-720-4213		417-720-4216	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		8/22/16	
PRINTED NAME		TITLE	
Maura Taylor		Executive Director	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/15/16

REQ NO.: NR 300 30007000001  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

The year for the return proposal corrected by Addendum #1

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuy.mo.gov) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

	(U.S. Mail)		(Courier Service)
RETURN PROPOSAL TO:	PURCHASING	or	PURCHASING
	PO BOX 809		301 WEST HIGH STREET, RM 630
	JEFFERSON CITY MO 65102-0809		JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Catholic Charities of Southern Missouri, Inc.	8004558900 0
MAILING ADDRESS	
424 E Monastery Street	
CITY, STATE, ZIP CODE	
Springfield, MO 65807	

CONTACT PERSON	EMAIL ADDRESS
Maura Taylor	mtaylor@ccsomo.org
PHONE NUMBER	FAX NUMBER
417-720-4213	417-720-4216
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	8/22/16
PRINTED NAME	TITLE
Maura Taylor	Executive Director

**CATHOLIC CHARITIES OF SOUTHERN MISSOURI, INC.****Alternatives to Abortion  
Request for Proposal****Table of Contents**

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## **Vendor Qualification**

**Exhibit A:**  
**Vendor-Catholic Charities of Southern Missouri, Inc.**  
**Subcontractor-Whole Kids Outreach**

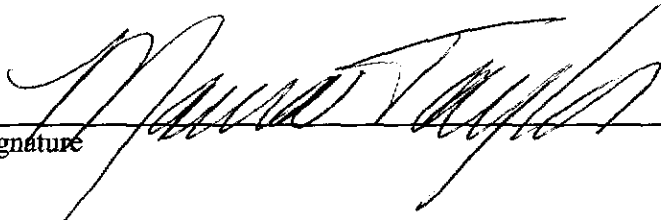
**EXHIBIT A****CERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO**

*Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions*

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

Maura Taylor-Executive Director Catholic Charities of Southern Missouri

Name and Title of Authorized Representative

  
Signature

8/22/2016

Date

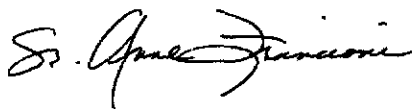
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Sr. Anne Francioni, Executive Director

\_\_\_\_\_  
Name and Title of Authorized Representative



\_\_\_\_\_  
Signature

August 18, 2016

\_\_\_\_\_  
Date

---



**Cost**

**Pricing Page for Regions 7, 8 & 9**

PRICING PAGE, continuedPricing Table Revised by Addendum #1

Line Item	Geographic Region	Original Contract Period Maximum Annual Total Price (based upon a 12-month period)	Minimum Annual Total Price Required to Provide Services (based upon a 12-month period)	Non-Residential Services, Price Per Client, Per Month	Residential Care Services, Price Per Client, Per Month
1	1	\$ _____	\$ _____	\$ _____	\$ _____
2	2	\$ _____	\$ _____	\$ _____	\$ _____
3	3	\$ _____	\$ _____	\$ _____	\$ _____
4	4	\$ _____	\$ _____	\$ _____	\$ _____
5	5	\$ _____	\$ _____	\$ _____	\$ _____
6	6	\$ _____	\$ _____	\$ _____	\$ _____
7	7	\$328,766	\$ _____	\$126.96	\$ 3,502.50
8	8	\$73,150	\$ _____	\$158.53	\$ _____
9	9	\$94,500	\$ _____	\$158.53	\$ _____

refer to  
BAGD  
(K)

**Vendor's Experience and Reliability and Expertise of Personnel**

**Exhibit B-Vendor Information**

**Exhibit C-Certification Regarding Exemption from Taxation**

**Exhibit D-Current/Prior Experience**

**Exhibit E-Expertise of Key Personnel**

**EXHIBIT B****VENDOR INFORMATION****Catholic Charities of Southern Missouri, Inc.**

The vendor should provide the following information about the vendor's organization:
--

1. **Provide a brief company history, including the founding date and number of years in business as currently constituted.**

Reaching Out. Providing Hope. Changing Lives. Catholic Charities of Southern Missouri (CCSOMO) seeks to improve the lives of the vulnerable by providing quality, compassionate social services which meet local needs. Our vision is to ensure that individuals and families in need receive necessary social services, obtain a sense of hope, and achieve self-sufficiency. CCSOMO was established in 2009 to serve clients in the thirty-nine southernmost counties in Missouri, many the most impoverished in the state. Services have expanded and grown from disaster case management following the 2011 Joplin tornado and springs floods to an agency providing: homeless prevention services in ten Missouri counties (Emergency Solution Grant/ESG); pregnancy and parenting support programs (ATA regions 8 & 9); Supportive Services for Veteran Families in 36 counties (SSVF VA grant)); Rapid Rehousing Programs for the homeless thru the MHTF Housing First Grant in 34 counties and the HUD CoC grant in 5 counties; MHTF grant for Rental assistance and Emergency Assistance, Home Repair and Rebuilding for low-income households and seniors; targeted case management for the developmentally disabled; HUD certified housing and financial counseling; and the establishment of LifeHouse Crisis Maternity Home in December, 2013, providing transitional housing and comprehensive services to homeless pregnant women and their young children(ATA Region 7).

Administrative offices and LifeHouse Crisis Maternity Home are located at 424 E Monastery Street and an additional social services office at 1055 S Campbell, Springfield, Missouri. Regional offices are located in Cape Girardeau (937 Broadway Ste. 304, 63702 and 1812 Carondelet, Ste. 106, 63701); Sikeston (205 W. Malone Ste. B, 63801, Van Buren (511 Main Street, 63965); Joplin (403 E. 4<sup>th</sup> St., 64801); and Poplar Bluff satellite office at 2701 Holly Trails, Unit A. A open 8 am to 5 pm, Monday through Friday. CCSOMO case managers and construction staff meet with clients by appointment in the office, in the home or other site. Evening and weekend appointments can be arranged if necessary. LifeHouse Crisis Maternity Home is a 24/7 facility providing transitional housing and comprehensive social services for homeless pregnant women and their young children. CCSOMO has 24/7 call coverage for ATA program.

Utilizing a family strengthening framework, CCSOMO programs strive to empower clients through case management to obtain and retain permanent housing and achieve self-sufficiency. The CCSOMO pregnancy support programs provide counseling, support and direct services for pregnant women that lead to healthy outcomes for mom and children and improve the long-term self-sufficiency of the family by promoting prenatal and post-delivery health care, parenting skills, education, job training and employment. The program works to encourage and strengthen the formation of two parent families. CCSOMO's "Healthy Moms, Healthy Babies" began in June 2012 after the ATA contract was awarded to CCSOMO. Whole Kids Outreach (WKO) is a subcontractor under the previous contract.

LifeHouse Crisis Maternity Home, a 24/7 residential program for homeless pregnant women and their children, is a program of Catholic Charities of Southern Missouri. Our purpose is to increase the opportunity for homeless pregnant women age 18 and older to achieve self-sufficiency, reduce the incidence of child abuse and neglect, and to increase healthy births and decreased maternal/child complications in this vulnerable high-risk population. Over 50% of our LifeHouse residents have a history of substance abuse or domestic violence, as well as mental and physical health needs. Some have developmental disabilities, others have been victims of rape, and almost all meet the definition of chronic homelessness. In slightly over 2 years, 60 women and 12 toddlers/children have been provided safe

housing and comprehensive services at LifeHouse and 32 healthy infants born. Over 150 others have been assisted through education, information, and connection to needed resources. The LifeHouse program also includes an AfterCare program for women who have transitioned into permanent housing after receiving services and housing at LifeHouse for up to a year after the delivery of their baby. Currently 15 women and 15 children are enrolled in the LifeHouse AfterCare Program which provides case management, wellness and parenting classes, access to mental health professional and other services that assistance the families in reaching their goals of self-sufficiency.

CCSOMO implemented a new client management database system in 2015. This case management software program, CaseWorthy, supports the monitoring and tracking of all client data, documentation of case notes, presenting issues and referrals, and facilitates assessments that measure benchmarks, assets and expected outcomes. An evidence-based self-sufficiency matrix/assessment tool is built into this software and is incorporated into the process (Arizona Self-Sufficiency Matrix). In addition, all in-house and community resources are listed in the client record. CCSOMO Director of Administration and PQI monitors program results in collaboration with the Project Coordinator.

CCSOMO is in the process of obtaining COA (Council on Accreditation) accreditation and is submitting an application in September 2016. The agency will begin the 18 month process to complete a self-evaluation and eventually site visits with the anticipation of receiving accreditation in recognition of the agency meeting national standards in all areas of operation and programming.

2. **Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.**

Catholic Charities of Southern Missouri's website is [www.ccsomo.org](http://www.ccsomo.org). The agency also has a Facebook page ([www.facebook.com/CCSOMO](http://www.facebook.com/CCSOMO)).

Catholic Charities of Southern Missouri (CCSOMO) is a non-profit social service agency providing services and outreach to the thirty-nine southernmost counties in Missouri from its eight offices located in Cape Girardeau (two locations), Joplin, Sikeston, Springfield (two locations), Poplar Bluff and Van Buren. CCSOMO seeks to improve the lives of the vulnerable by providing quality, compassionate social services that meet local needs. The mission is to ensure that individuals and families receive supportive services, obtain a sense of hope, obtain and retain permanent housing and achieve self-sufficiency. CCSOMO provides a holistic and individualized approach that strives to assist clients in accessing the services they need. Under the Family Strengthening Framework, CCSOMO provides case management services that assist clients in each of the programs listed below.

#### **Homeless and Homelessness Prevention (ESG, Housing First, MHTF Rental and Emergency Assistance, HUD CoC RRH, SSVF)**

We help those who without our help would become homeless or are homeless by providing intensive case management services and temporary financial support to overcome their housing crisis and lead to long-term financial stability. We utilize the Housing First Model which emphasizes stabilizing housing first prior to addressing an underlying issues affecting housing stability, by connecting to resources and assisting in accessing services that can lead to long term housing stabilization.

#### **Disaster Response & Long-term Recovery**

We provide immediate aid and long-term case management services for survivors of natural disasters, such as tornadoes and flooding. Services include home repair and rebuilding and also disaster preparedness efforts.

**LifeHouse Crisis Maternity Home**

We provide safe shelter, food and clothing as well as comprehensive support services for homeless, pregnant women and their children under age 5, for up to a year following birth as the women work to achieve the goals of parenting skills, employment, permanent housing and self-sufficiency. The Aftercare program provides former residents who have transitioned to permanent housing with on-going case management and support services for at least two years as they continue to work toward their goals of self-sufficient families.

**Developmentally Disabled Service Coordination**

We help people with developmental disabilities acquire the services and supports they need to maximize their potential and strengthen their level of independence. We serve Cape Girardeau and Scott Counties.

**Healthy Moms, Healthy Babies Program (ATA Regions 8 & 9)**

We provide parenting and pregnancy support for low-income families through pregnancy and up to one year following birth. Case management services help strengthen families and assist in the attainment of self-sufficiency and reduce dependence on governmental benefits. The CCSOMO pregnancy support programs provide counseling, support and direct services for pregnant women that lead to healthy outcomes for mom and children and improve the long-term self-sufficiency of the family by promoting prenatal and post-delivery health care, parenting skills, education, job training and employment. The program works to encourage and strengthen the formation of two parent families.

**Home Repair & Rebuilding for Disaster Survivors and Low-Income Seniors and Families**

With the help of volunteer labor, we repair and rebuild homes damaged or destroyed by tornadoes and flooding. We make needed home repairs for low-income seniors and families utilizing funding from MHTF, CDBG, Cape Senior Tax Funds, other grant funding as well as volunteer labor when appropriate.

**Support Services for Veterans and their Families (SSVF Grant funded by VA Administration)**

We serve veterans and their families who are homeless or at imminent risk of homelessness through temporary financial assistance, intensive case management services, development of a housing plan, and connection to community resources. This program is a subset of our homeless and Homeless Prevention Program.

**Housing & Financial Counseling (HUD)**

Our HUD-certified counselors assist financially distressed individuals and families with education and guidance on budgeting and money management, foreclosure prevention, loan modifications and provide information needed to obtain, maintain and sustain housing.

**SNAP (Supplemental Nutrition Assistance) Enrollment**

We help individuals and families determine their eligibility for and file for SNAP benefits, a program which fights hunger and improves the diet and health of children and families.

**GoodFinds Thrift Shop and Donation Center**

The sales proceeds from our Joplin store provide support for our programs, and donations made to GoodFinds supply our clients in need with basic necessities.

### **Family Strengthening Case Management**

Individualized and holistic case management provided to individuals and families to help provide hope and achieve self-sufficiency. Case managers focus on a strengths based approach and incorporate trauma informed care, motivational interviewing and other evidence based strategies to help families build a sense of hope and overcome barriers to success.

### **3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.**

List:

- Supportive Services to Veteran Families-SSVF grant awarded by the Veterans Administration
- Emergency Solutions Grant (ESG) awarded by Missouri Housing Development Commission (HUD funding for the 4<sup>th</sup> year)
- HUD FY 2015 Continuum of Care Funding for Rapid Rehousing Projects (1<sup>st</sup> year)
- Missouri Housing Trust Fund (MHTF) Rental Assistance, Emergency Assistance, Home Repair, Operating and Housing First grants
- Missouri Department of Corrections-Reentry grant for housing (renewed for 2<sup>nd</sup> year)
- HUD Housing and Financial Counseling-subgrantee under Catholic Charities USA
- FEMA Disaster Case Management Grant-subcontractor under Lutheran Family and Children Services.

Catholic Charities of Southern Missouri (CCSOMO) completed its first year of the Veteran Administration's Supportive Services for Veteran Families (SSVF) grant on September 30, 2015, renewed for the 2015-2016 year and anticipate renewal for 2016-2017. CCSOMO SSVF case managers cover 36 rural southern counties in Missouri. In the 2014-2015 grant year CCSOMO served 127 Veteran Households (176 individuals) of whom 80% were rapid rehousing clients. Case Managers work with clients to obtain and/or retain permanent housing, provide housing stability case management including accessing community resources, supportive services and benefits (VA, SNAP, and SSI/SSDI). Case managers do outreach in the rural areas to locate homeless individuals and families and offer services. Part of the outreach is to landlords to establish relationships that result in their willingness to rent to many of CCSOMO's hard to place clients. CCSOMO successfully managed the award which included funding for salaries, overhead, administration and veteran financial assistance and expended the \$620,238 grant award by the September 30th deadline. CCSOMO's SSVF program also met all the required outcomes and measurements required in the grant contract. The renewal for 2016-2017 is \$626,440.

CCSOMO received \$313,400 in Emergency Solutions Grant (ESG) funding to provide housing stability case management services and homeless prevention services in 2015 for 10 counties in Missouri and renewed with additional funding in 2016. CCSOMO received ESG funding from the Missouri Housing Development Commission starting in the 2013-2014 grant year for six counties and has grown to ten counties in 2015 with most being rural. CCSOMO provided housing search and stability case management as well as housing financial assistance- rent deposits, rent and utility assistance and payments for rent and/or utility arrears for households with income under 30% AMI, under CCSOMO's ESG homeless prevention program. CCSOMO case managers work with households to retain permanent housing and become self-sufficient by increasing household income through employment or increased employment and/or accessing benefits. CCSOMO has SOAR trained staff to assist clients in completing disability applications as well as SNAP applications. CCSOMO case managers collaborate and work with local community, state and federal agencies to assist the client in accessing benefits such as Veterans, TANF, SNAP, legal services, state childcare assistance, and housing (Section 8, VASH, Shelter-Plus Care). Case Managers refer and accept referrals from local non-profit/social service providers to assist in the delivery and access to needed client supportive services including mental health and substance abuse treatment. In 2016 CCSOMO has been active in all three Continuum of Care (CoCs) in the development of coordinated entry and all of the agency housing programs will interface the respective Coordinated Entry (CE) sites in 2016.

CCSOMO awarded HUD FY 2015 Continuum of Care Rapid Rehousing funding for two projects in the Springfield and Joplin Area Continuums. CCSOMO was approximately \$25,000 for Springfield and \$21,000 for Joplin.

MHTF awarded CCSOMO a \$32,500 grant for rental assistance in 2015-2016 year for 35 counties in southern Missouri and \$25,000 for rental assistance and \$25,500 for emergency assistance in 2016-2017. In 2016-2017, MHTF also awarded CCSOMO \$25,000 for Housing First Program. In 2014-2015, 2015-2016 and 2016-2017, CCSOMO awarded grants for low-income home repairs for homeowners with income under 50% AMI in 35 Missouri counties. In 2016-2017, CCSOMO received an Operating Funds grant.

CCSOMO received a \$50,000 grant from the Missouri Department of Corrections for a re-entry housing program for 2015-2016 and renewed for 2016-2017. Catholic Charities of Southern Missouri Reentry Housing Assistance Program provides housing stability case management and services, financial assistance for rent and deposits, referrals for other criminogenic needs for 18 high-risk offenders under the supervision of Probation & Parole in the Cape Girardeau community and surrounding areas.

CCSOMO receives partial funding from a HUD Housing Counseling grant for our Housing and Financial Counseling Program as a sub-grantee under CCUSA through March 31, 2016. CCSOMO HUD certified housing and financial counselors work with CCSOMO case managers to provide budgeting, assistance with establishing and improving credit and getting banked, foreclosure prevention services and financial literacy education so clients can increase their financial success and work towards self-sufficiency.

CCSOMO was the largest provider of Disaster Case Management Services in Missouri under the FEMA DCMP grant awarded to the state in March 2012 for spring storms in 2011 (DR-1980). CCSOMO served 21 counties in southwest, south central and southeast Missouri, including those affected by the Joplin tornado, with rapid rehousing, housing stability and disaster case management, and home repair/rebuilding services. The FEMA grant required agency outreach to potential clients, collaboration with other social service agencies, volunteer coordination and the supervision and monitoring of 15 trained CCSOMO case management professionals who worked with disaster affected clients from March 2012-May 2013 under this grant. In Lawrence, Newton, McDonald and Jasper Counties, CCSOMO provided 569 households with case management services that included recovery plans for housing stability and self-sufficiency. In south central and southeast Missouri, 16 rural counties were served and 162 flood survivor households received disaster case management and/or home repair/rebuilding assistance. CCSOMO continues to be responsive to local disaster needs including the Christmas 2015 floods that affected southern Missouri by providing disaster case management and home repairs.

CCSOMO enters SSVF and ESG client data into the HMIS (Homeless Management Information System) as required by grants and utilizes the system for grant reporting. CCSOMO has also chosen to enter additional client data for other CCSOMO homeless programs not covered by grants so the local Continuum of Cares have accurate data for the area.

**4. LIST, IDENTIFY, AND PROVIDE REASONS FOR EACH CONTRACT/CLIENT GAINED AND LOST IN THE PAST TWO (2) YEARS.**

CCSOMO was renewed on October 1, 2015 for the 2015-2016 SSVF grant to serve homeless veteran families and those at-risk of homelessness and expects to be renewed for 2016-2017. CCSOMO was successful in exceeding the target of 125 veteran households, spending funds according to grant guidelines and due dates, and meeting grant outcomes and audit requirements. CCSOMO has submitted a renewal application for 2016-2017. The agency completed its first A-133 audit with no findings. The agency 2014-2015 audit and A-133 are attached.

CCSOMO was awarded the Emergency Solutions Grant for 2016 based on past success (3 years) of meeting grant requirements and deadlines for CCSOMO's homeless prevention program.



CCSOMO was awarded a MHTF grant for 2016-2017 year for rental and emergency assistance, home repair program, and operating costs for housing stability case management. In addition, funding was awarded for the first time for the CCSOMO Housing First Program.

CCSOMO was a sub-grantee recipient under Catholic Charities USA for the agency's Housing and Financial Counseling Program funded through HUD. CCSOMO counselors are HUD certified and the agency met all grant requirements as a sub grantee (October 1, 2014 – March 31, 2016). CCUSA was awarded a grant for the 2016-2017 year and CCSOMO will be a sub grantee.

CCSOMO's grant with the Department of Correction for the Housing Reentry Program was renewed for 2016-2017.

CCSOMO has had all grants and contracts renewed except:

- CCSOMO was a sub-grantee under CCUSA for a rural youth mentoring program through the Department of Justice from October 2012 through October 2015. CCSOMO discontinued the program due to difficulty of finding rural youth mentors in four southeast Missouri counties.
- DCMP for the 2011 Joplin tornado and southeast Missouri floods ended in 2013 following completion of the grant.

Some of CCSOMO's contracts require a match and/or leverage of resources. Catholic Charities of Southern Missouri when appropriate leverages funds from multiple sources in order to provide more programming and services to the vulnerable in southern Missouri. Leveraging resources allows CCSOMO to serve more clients in need of services.

5. **In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.**

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	<p>*CCSOMO's housing stability programs are aimed at helping at risk families maintain or retain permanent housing, and develop self-sufficiency. CCSOMO Family Strengthening Coordinators (case managers) assist families by providing comprehensive housing stability case management, accessing community resources and increasing household income.</p> <p>*The LifeHouse Crisis Maternity Home Program works with residents to achieve self-sufficiency. This includes assistance with finding safe affordable housing, education on budgeting, and child care classes to include working with Parents as Teachers and Early Head Start, the local library, and the health department. LifeHouse also works on reunification for children of residents that have been placed in state care. This takes the child out of foster care and back with the mother and extended family. LifeHouse also assists high-risk mothers to develop parenting skills and the</p>

	<b>ability to keep their infants after delivery through education and resource support.</b>
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	*CCSOMO's family strengthening programs work with families to achieve self-sufficiency through housing stability; job skill development; work; and accountability. *LifeHouse provides education through assistance with GED completion, vocational training and college enrollment, resume and life skill training. Partnership with the Missouri Career Center and Ozark Technical College. Education to assist parents to find safe quality child care, so they can work. Transportation assistance and teaching individuals to ride public transit, learn how to drive, and to save for their own transportation.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies	CCSOMO ATA program and LifeHouse provide pre-natal and post-natal education. Provide connection to medical care and wellness education. Relationship classes, self-esteem, group and individual on-site counseling, and other behavioral classes are provided or accessed by referral.
Encouraging the formation and maintenance of two-parent families	Referral to the Good Dads program and other local resources for father specific education. LifeHouse works with our resident mothers and the infant's father to provide visitation as appropriate.

**6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.**

CCSOMO is a public, 501(c)3, nonprofit, faith-based corporation. The Board of Directors has power and authority to govern the affairs of the corporation. The Executive Director serves as the chief executive officer and is responsible for management subject to the policy direction of the Board of Directors. The Board of Directors is composed of up to 18 members who bring expertise from a variety of professions and represent different regions of southern Missouri. The Board is responsible for the policy, strategic plans, budget, financing and governance of the corporation. The executive and finance/audit committee meet bi-monthly and make recommendations to the Board. Board members and others may serve on additional board committees including: Board Development/Nominating, Fund Development, HR and Programs, and Evaluation Committee. One member of the board is a domestic violence survivor and was at imminent risk of homelessness.

Members of the leadership team report to the Executive Director and include Finance, HR and Administration, Communication, Development, Programs and a Regional Director. In addition, Program Supervisors and Managers are included on regular bi-weekly calls. Current number of staff for all offices stands at 75.

CCSOMO incorporates the GAAP as adopted by the AICPA in its accounting practices regarding internal controls, budget/accounting controls, cash management, procurement rules, property controls and audits. Controls are in place to guard against detection risk, control risks and inherent risks. Independent audits by BKD are done annually and conform to A-133 requirements as issued by OMB. CCSOMO's governing board and finance committee meet bi-monthly and review financial statements and budget reports. Funds that are restricted and designated for purposes are listed on the ledger. The Executive Director reviews budget reports and financial statements monthly. The Executive Director approves all material operating decisions such as hiring, wage adjustments, large expenditures and capital investments.

The Director of Finance maintains custody of the general ledger, produces finance and budget reports, and ensures that proper segregation of general accounting functions are being implemented and maintained. The Director of Administration and PQI works with the accounting department to ensure that all program and financial requirements are being met under all grant contracts as well as all grant service performance and outcome requirements.

Catholic Charities of Southern Missouri pays dues and is a member of the Catholic Charities USA Network. CCSOMO's Executive Director serves on the CCUSA Directors Executive Committee and chairs the Leadership Committee. Catholic Charities of Southern Missouri is also a partner in Catholic Charities of Missouri LLC. The CCSOMO Executive Director serves on the Board of this Missouri partnership.

7. **Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.**

CCSOMO has 4 rental units for transitional housing. CCSOMO had to evict a tenant in Joplin from the unit for nonpayment of rent (over 3 months) and not complying with case management which is part of the housing program agreement. Judge ruled the tenant was to be evicted if they did not evacuate premises. Tenant evacuated the premises July 2016.

CCSOMO has protested several unemployment filings by discharged employees. In one situation, CCSOMO lost the appeal and the unemployment claim proceeded. In all other protests, CCSOMO was favorably reviewed.

**EXHIBIT B****SUBCONTRACTOR INFORMATION**  
**Whole Kids Outreach**

The vendor should provide the following information about the vendor's organization:

1. **Provide a brief company history, including the founding date and number of years in business as currently constituted.**

Whole Kids Outreach was created in 1999 as the result of a yearlong reorganization and restructuring process of its parent organization, Whole Health Outreach (WHO). With the assistance of Saint Louis University School of Public Health (SLUSPH), the staff and board of Whole Health Outreach studied the needs of the birth to three-year-old population in service area in an attempt to identify not only the community's needs, but also to identify responses to those needs which would be consistent with the mission of Whole Health Outreach. The study included input on the developmental needs of this population and possible intervention strategies by both WHO and other service providers in the community. After considerable discernment and dialogue, the creation of a new organization – Whole Kids Outreach – that specifically targeted the improvement of the health and well-being of women, children (focusing on prevention) and families was created.

Whole Kids Outreach has been in business as currently constituted for seventeen (17) years.

2. **Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.**

The focus of Whole Kids Outreach (WKO) is to broadly address the many influences which contribute to abuse and neglect, as well as the health of children within their family structures. To enable a "whole" child to develop, WKO has created diverse programs and activities to educate and strengthen children and their parents to live holistic, productive lives that are free from preventable abuse, neglect and illness. The primary programs of WKO are:

Home Visiting/Outreach Programs—Healthy Families America and the Maternal Child Nurse Program

Center-based Programs—Summer Day Camp, Moms Day Out, Riding Program, After School Program, Children's Weekends, Community Events, Volunteer Program and Christmas Store (full descriptions of programs can be found on [www.wholekidsoutreach.org](http://www.wholekidsoutreach.org)).

3. **Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.**

State of Missouri Home Visitation Program Services—provides Healthy Families America home visiting services.

4. **List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.**

State of Missouri Home Visitation Program Services renewed for Fiscal years 2015 and 2016

5. **In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.**

<b>Not-for-profit entity that promotes one or more of the following (4) purposes:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Purposes</b> <b>Identify specific information about experience:</b>	<b>Clearly identify and describe the experience</b>
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provision of Healthy Families America home visiting program, utilizing the Growing Great Kids curriculum. <a href="http://www.healthyfamiliesamerica.org/">http://www.healthyfamiliesamerica.org/</a> Provide nursing home visits using the Nurses for Newborns model.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Each families' work status, income, educational attainment level and work readiness skills are tracked. Individual Family Goal Plans are created to assist parents to develop strategies to secure gainful employment.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	WKO serves clients who are either already pregnant or parenting.
Encouraging the formation and maintenance of two-parent families	WKO utilizes the Growing Great Families supplemental workbooks in the Growing Great Kids curriculum, which has learning modules on building and sustaining healthy parenting relationships.

6. **Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.**

Whole Kids Outreach is a faith-based, nonprofit organization with a governing board of directors who hires and oversees the Executive Director.

7. **Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.**

Butler County, Missouri—Tyler Hollis vs. Health Management Associates, Inc., et al  
Case voluntary dismiss, with prejudice January 2016.




**EXHIBIT C****CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Maura Taylor-Executive Director Catholic Charities of Southern Missouri

Name and Title of Authorized Representative



Signature

8/22/2016

Date

**EXHIBIT C****CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Sr. Anne Francioni, Executive Director

Name and Title of Authorized Representative



August 18, 2016

Date



INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 15 2009

CATHOLIC CHARITIES OF SOUTHERN  
MISSOURI INC  
601 S JEFFERSON AVE  
SPRINGFIELD, MO 65806-3143

Employer Identification Number:  
80-0455890  
DLN:  
17053223326019  
Contact Person:  
JOHN J KOESTER ID# 31364  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
July 24, 2009  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

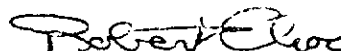
Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

-2-

CATHOLIC CHARITIES OF SOUTHERN

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Choi". The signature is fluid and cursive, with the first name "Robert" and last name "Choi" clearly distinguishable.

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Publication 4221-PC

Letter 947 (DO/CG)

INTERNAL REVENUE SERVICE  
P. O. BOX 2500  
CINCINNATI, OH 45201

## DEPARTMENT OF THE TREASURY

Date: **APR 07 2004**

KIDZ KIDS OUTREACH INC  
RT 2 BOX 301A  
ELLINGTON, MO 63638

Employer Identification Number:

43-1835970

DIN:

17053073808074

Contact Person:

STEPHEN D BEOX

ID# 31125

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated July 1999, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

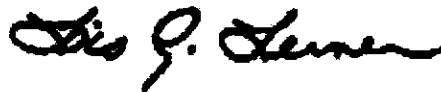
Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet web site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1052 (DO/CG)

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name:</b> <u>Catholic Charities of Southern Missouri, Inc.</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Office of Administration
Address of Reference Company/Client:	Commissioner's Office State Capital Building, Room 125 Jefferson City, MO 65101
Reference Contact Person Name, Phone #, and E-mail Address:	Emily Kraft Special Assistant to the Commissioner Phone: (573) 751-8502
Title/Name of Service/Contract	Alternatives to Abortion Program Services
Dates of Service/Contract:	7/2/12-6/30/16 and amendment #012 July 1, 2016-September 30, 2016
If service/contract has terminated, specify reason:	
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	CCSOMO utilized all ATA funds awarded and accepted additional funds when available. Numbers include all clients served by CCSOMO and subcontractor Whole Kids Outreach. CCSOMO could have served more clients if it had increased funding.  2012-42 served 2013-55 served 2014-41 served 2015-42 served 2016 thru June 30 <sup>th</sup> -32 served Total funding \$196,559 divided by Total 212 equals \$927.17
Size of Service/Contract (in terms of vendor's total amount of business)	ATA Funds awarded 2012-2013 \$36,262.81 2013-2014 \$40,269.26 2014-2015 \$52,980.86 2015-2016 (June 30, 2016) \$67,048.90/CCSOMO Budget \$4,939,261 or 1.4% July 1, 2016-September 30, 2016- \$28,278.41/CCSOMO Budget \$5,661,334 or 0.5%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	<ul style="list-style-type: none"> <li>✓ At risk pregnant women and their children up to one year after birth</li> <li>✓ Case management services to include but not limited to the following: <ul style="list-style-type: none"> <li>• Safe sleep for infants following the 2011 American Academy of Pediatrics Recommendations;</li> <li>• Breastfeeding;</li> <li>• Importance of taking folic acid in the prevention of neural tube defects;</li> <li>• Use of substances during pregnancy including alcohol, tobacco, and other drugs;</li> <li>• Importance of prenatal care;</li> <li>• Immunizations;</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Shaken baby syndrome;</li> <li>• Car seat safety; and</li> <li>• Nutrition and healthy eating.</li> </ul> <ul style="list-style-type: none"> <li>✓ Geographic area served 8 &amp; 9</li> <li>✓ Goals and objective include: <ul style="list-style-type: none"> <li>• Reduce abortions and improve pregnancy outcomes;</li> <li>• Improve child health and development; and</li> <li>• Improve families' economic self-sufficiency by: <ol style="list-style-type: none"> <li>(1) helping clients develop a vision for the client's own future,</li> <li>(2) continuing the client's education, and (3) finding jobs.</li> </ol> </li> </ul> </li> </ul>
Personnel Assigned to Service/Contract (include position title):	<p><b>CCSOMO staff:</b> Kyle Schott LPC, Regional Director; Connie Koerner-Bean, LMSW-Supervisor and Credentialed Case Manager; Crystal Gilliland, BSW, Credentialed CM; Robin Walter, case manager; Brenda Miller, BSW, Credentialed case manager; Mallory Parr, BSW, credentialed case manager; Cindy Waites, Director of Administration and PQI. <b>Whole Kids Staff :</b> Sr. Anne Francioni, RN, MA—Project Director, Connie Pendley—Program Support Coordinator, Outreach Specialists (home visitors): Stephanie Buxton, Grace DeLong, Jessica Bishop, Pam Elledge, Tanya Hampton, Kimberly Harwell, Melinda Hill, Molly Reynolds. Registered Nurses: Susan DeMent and Tina Shiller</p>

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and any subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> Catholic Charities of Southern Missouri, Inc. (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Missouri Department of Corrections
Address of Reference Company/Client:	3463 Armstrong Cape Girardeau, MO 63701
Reference Contact Person Name, Phone #, and E-mail Address:	Darin Tipton (573) 290-5820 <a href="mailto:Darrin.Tipton@doc.mo.gov">Darrin.Tipton@doc.mo.gov</a>
Title/Name of Service/Contract	Community Reentry Program
Dates of Service/Contract:	July 1, 2016-June 30, 2017
If service/contract has terminated, specify reason:	N/A
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Approximately 20 individuals served \$50,000/20 individuals results in \$2,500 per person spent on housing and services
Size of Service/Contract (in terms of vendor's total amount of business)	\$50,000/\$5,661,334 budget for 2016-2017 equals 0.9%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Individuals served must be on probation or parole with the state of Missouri Services focus on rent and deposit assistance for homeless or at risk individuals. The area served is exclusive to Cape Girardeau and Perry Counties Objectives include housing at risk individuals and working on self-sufficiency to help decrease risk of recidivism.
Personnel Assigned to Service/Contract (include position title):	Karen Auner, Case Manager Connie Koerner-Bean, Regional Supervisor Kyle Schott, Regional Director

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name:</b> Catholic Charities of Southern Missouri, Inc.	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	US Department of Veteran Affairs
Address of Reference Company/Client:	Supportive Services for Veteran Families Program Office 4100 Chester Avenue, Ste. 201 Philadelphia, PA 19104
Reference Contact Person Name, Phone #, and E-mail Address:	John Kuhn National Director VA SSVF Program (SSVF)
Title/Name of Service/Contract	Supportive Services for Veteran Families (SSVF)-CFDA Number:64.033
Dates of Service/Contract:	Original contract 10/1/14-9/30/15, was renewed for 10/1/15-9/30/16. CCSOMO submitted a renewal application in February for 2016-2017 and signed a tentative contract for 2016-2017 renewal in June.
If service/contract has terminated, specify reason:	N/A
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	129 Veteran Households were served from 10/1/14-9/30/15. 80% were considered homeless. \$620,238/129 households equates \$4,808 includes rent assistance & case mgt.
Size of Service/Contract (in terms of vendor's total amount of business)	\$620,238 of \$4.9 million budget equals 12.66%. Expected renewal contract for 2016-2017 is \$626,440/\$5,661,334 budget equals 11.1%.
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Funding for case management and housing services which include direct assistance for veteran families who are homeless or at-risk of homelessness in the 36 southernmost counties in Missouri. Goals are to obtain and retain housing, achieve self-sufficiency, keep families together, access services/benefits and stable housing.
Personnel Assigned to Service/Contract (include position title):	Program Manager-Margaret Hart LMSW; five case managers providing services out of the Cape Girardeau, Poplar Bluff, Van Buren, Springfield and Joplin offices (Chris Malotte, Karen Auner, John Fuller, Skip Weber, Mallory Parr); Cindy Waites, Director of Administration and PQI; Lora Mather, Performance Improvement Manager; 0.5 FTE HUD certified Housing and Financial Counselor based out of Van Buren, Springfield and Joplin offices.

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> <u>Catholic Charities of Southern Missouri, Inc.</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Missouri Housing Development Commission
Address of Reference Company/Client:	Missouri Housing Development Commission 920 Main Street, Suite 1400 Kansas City, MO 64105-2017
Reference Contact Person Name, Phone #, and E-mail Address:	Julie Smith- Community Initiatives Coordinator 816.759.6632 Direct jsmith@mhdc.com
Title/Name of Service/Contract	Emergency Solutions Grant (ESG)
Dates of Service/Contract:	<b>ESG-2013</b> (1/1/13-3/31/14) Carter/Shannon/Mississippi/Scott/Jasper/Newton; <b>ESG-2014</b> (1/1/14-3/31/15) previous counties plus Cape Girardeau; <b>ESG-2015</b> (1/1/15-3/31/16) previous counties plus Greene, Christian and Webster; <b>ESG 2016</b> (1/1/16-3/31/17) all previous counties.
If service/contract has terminated, specify reason:	N/A
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	ESG-2013 \$222,915 provided case management services to 219 individuals. ESG-2014 \$242,889 provided services to 278 individuals. ESG-2015 \$313,300 provided services to 227 individuals ESG-2016 \$330,311 current contract, 170 individuals from Jan-July 2016.
Size of Service/Contract (in terms of vendor's total amount of business)	\$330,000/ \$5,661,334 equals 5.8% for 2016 contract.
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	CCSOMO provides housing stability case management services to families and individuals with household income under 30% AMI (Average Median Income) who are at imminent risk of homelessness (Homeless Prevention). Services are provided in 10 counties in southern Missouri: Cape Girardeau, Carter, Christian, Greene, Jasper, Mississippi, Newton, Scott, Shannon and Webster. CCSOMO provides family strengthening case management that assists families in achieving housing stability and move towards long-term self-sufficiency.
Personnel Assigned to Service/Contract (include position title):	Cindy Waites, Director of Administration & PQI; Laura Guy-Rice, CFO; Connie Koerner-Bean, East Supervisor (LMSW); Callie Lankford, Supervisor/Joplin (MSW); Margaret Hart (LMSW) Supervisor; 8 case managers operating out of Cape Girardeau, Sikeston, Van Buren, Springfield & Joplin. (Andrea Minor, Heather Schrieman, Mallory, Melody Atkinson Parr Chris Malotte, Brenda Miller, Robin Walters, Crystal Gilliland)



**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name:</b> <u>Catholic Charities of Southern Missouri, Inc.</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Missouri Housing Development Commission
Address of Reference Company/Client:	Missouri Housing Development Commission 920 Main Street, Suite 1400 Kansas City, MO 64105-2017
Reference Contact Person Name, Phone #, and E-mail Address:	Joselyn Pfliegier, MSW Community Initiatives Coordinator 816.759.7228 Direct jpfliegier@mhdc.com
Title/Name of Service/Contract	Missouri Housing Trust Fund-Rental Assistance; Emergency Assistance Housing First Program
Dates of Service/Contract:	April 1, 2016-March 31, 2017 ; previous year April 1,2015-March 31, 2016
If service/contract has terminated, specify reason:	N/A
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	2015- Served 26 households under 50% AMI with rental assistance. (\$32,500) 2016 newly awarded funding to serve low-income households with rental assistance \$25,000 and Emergency Assistance \$26,500. 2016 awarded \$25,000 Housing First funds to rapidly rehouse families.
Size of Service/Contract (in terms of vendor's total amount of business)	2016-2017 contract is \$76,500 of \$5,661,334 budget or 1.4%.
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Low-income families with household income below 50% AMI (Average Median Income) will be eligible for housing stability case management and rental or emergency assistance in 35 southern counties. Housing First funding and case management for homeless families will be available in 34 southern counties. CCSOMO case managers will assist homeless or families at-risk of homelessness in achieving housing stability and self-sufficiency by accessing resources including job training and education.
Personnel Assigned to Service/Contract (include position title):	Cindy Waites, Director of Administration & PQI; Laura Guy-Rice, CFO; Connie Koerner-Bean, East Supervisor (LMSW); Callie Lankford, Supervisor Joplin (MSW); Margaret Hart (LMSW) Supervisor/Springfield; 6 case managers in Cape Girardeau, Sikeston, Van Buren, Springfield and Joplin(Andrea Minor, Heather Schreiman, Chris Malotte, Brenda Miller, Robin Walters & Crystal Gilliland)

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name:</b> <u>Catholic Charities of Southern Missouri, Inc.</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Catholic Charities USA
Address of Reference Company/Client:	Catholic Charities USA 2050 Ballenger Ave., Suite 400 Alexandria, VA 22314-6847
Reference Contact Person Name, Phone #, and E-mail Address:	Kathleen Over Housing Counseling Grants Manager 818-521-8829 <a href="mailto:koverr@catholiccharitiesusa.org">koverr@catholiccharitiesusa.org</a>
Title/Name of Service/Contract	HUD Housing Counseling Grant
Dates of Service/Contract:	October 1, 2014 – March 31, 2016
If service/contract has terminated, specify reason:	N/A
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	144 households, 283 individuals provided housing and financial counseling. 741 hours of counseling was provided to low-income households.
Size of Service/Contract (in terms of vendor's total amount of business)	\$31,000 of \$5,661,334 budget equals 0.5%.
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	3 Hispanic, 141 Non-Hispanic. 2 American Indian/Alaskan Native, 15 Black, 8 Multi Race, and 119 White. 2 Limited English Proficiency (LEP).  Homeless housing assistance, rental topics, Pre-purchase/Home-buying, Home Maintenance & Financial Management for Homeowners, Mortgage Default, budgeting, one-on-one financial coaching, foreclosure prevention.  CCSOMO housing counseling provided in 39 rural and impoverished counties.  Assist the clients as they move towards self-sufficiency by : financial literacy, budgeting & credit improvement. Assist clients in finding safe, affordable housing.
Personnel Assigned to Service/Contract (include position title position title)	Delores Maples-Director of Housing and Financial Counseling; Laura Guy-Rice, CFO; Robin Walters-Certified Housing and Financial Counselor; Cindy Waites, Director of Administration and PQI.

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Subcontractor Name: Whole Kids Outreach (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	MO Department of Social Services, Children's Division.
Address of Reference Company/Client:	Department of Social Services, Children's Division Early Childhood & Prevention Services Section Post Office Box 88 Jefferson City MO 65102
Reference Contact Person Name, Phone #, and E-mail Address:	Nancy L. Reid, M.Ed., LPC Children's Division 573-522-2316, fax 573-526-9586
Title/Name of Service/Contract	CONTRACT NO.: C313011015 Home Visitation Program Services
Dates of Service/Contract:	July 1, 2015 – June 30, 2016
If service/contract has terminated, specify reason:	n/a
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	100 families/year \$125,000/year
Size of Service/Contract (in terms of vendor's total amount of business)	Over the course of the contract period, 100 families receive home visiting services at least once/month.
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	WKO serves pregnant women and teens who live in the impoverished region of Butler, Carter, Reynolds, Iron, Shannon and Wayne counties of the MO Ozarks. Whole Kids Outreach provides services to pregnant women with risk factors associated with poor birth outcomes and children and families with risk factors associated with child maltreatment and poor developmental outcomes (e.g., women and children living in domestic violence, single parents, and teen parents). The majority of WKO's clients are low-income; teen mothers make up 17% of WKO's clients. Educational attainment is low in these counties, and many WKO clients/mothers do not have high school diplomas. About one and half times as many (33.4%) children under age 18 live in poverty in the WKO service region compared to the overall state of Missouri (21.8%). Adult unemployment in the WKO counties is two to three times higher than that for the state. WKO provides home visits utilizing the Healthy Families America model of service delivery to reduce factors that contribute to child maltreatment and infant mortality rates.
Personnel Assigned to Service/Contract (include position title):	Sr. Anne Francioni, RN, MA—Project Director, Connie Pendley—Program Support Coordinator, Outreach Specialists (home visitors): Stephanie Buxton, Grace DeLong, Jessica Bishop, Tanya Hampton, Kimberly Harwell, Melinda Hill, Molly Reynolds.

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

<b>Subcontractor Name: Whole Kids Outreach (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	MO Highlands Healthcare
Address of Reference Company/Client:	110 South 2 <sup>nd</sup> St., Ellington, MO 63638
Reference Contact Person Name, Phone #, and E-mail Address:	Bethany Reynolds <a href="mailto:breynolds@mohigh.org">breynolds@mohigh.org</a> 573-663-2313
Title/Name of Service/Contract	HRSA Delta Project
Dates of Service/Contract:	July 1, 2016 – June 30, 2017
If service/contract has terminated, specify reason:	n/a
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Approximately 20 families/year supported by this grant.
Size of Service/Contract (in terms of vendor's total amount of business)	\$30,000
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	<p>WKO serves pregnant women and teens that live in the impoverished region of Butler, Carter, Reynolds, Iron, Shannon and Wayne counties of the MO Ozarks.</p> <p>Whole Kids Outreach provides services to pregnant women with risk factors associated with poor birth outcomes and children and families with risk factors associated with child maltreatment and poor developmental outcomes (e.g., women and children living in domestic violence, single parents, and teen parents). The majority of WKO's clients are low-income; teen mothers make up 17% of WKO's clients. Educational attainment is low in these counties, and many WKO clients/mothers do not have high school diplomas. About one and half times as many (33.4%) children under age 18 live in poverty in the WKO service region compared to the overall state of Missouri (21.8%). Adult unemployment in the WKO counties is two to three times higher than that for the state.</p> <p>WKO provides home visits utilizing the Healthy Families America model of service delivery to reduce factors that contribute to child maltreatment and infant mortality rates.</p>
Personnel Assigned to Service/Contract (include position title):	Sr. Anne Francioni, RN, MA—Project Director :Connie Pendley—Program Support Coordinator . Outreach Specialists (home visitors): Stephanie Buxton, Grace DeLong, Jessica Bishop, Tanya Hampton, Kimberly Harwell, Melinda Hill, Molly Reynolds.

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

<b>Subcontractor Name: Whole Kids Outreach</b> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Missouri Foundation for Health
Address of Reference Company/Client:	415 South 18 <sup>th</sup> Street, Ste. 400 St. Louis, MO 63103
Reference Contact Person Name, Phone #, and E-mail Address:	Jean Freeman-Crawford, MPH, MSW jcrawford@mffh.org 314-345-5545
Title/Name of Service/Contract	Special Projects 2014 Whole Kids Outreach Healthy Families America
Dates of Service/Contract:	August 1, 2014 – July 31, 2017
If service/contract has terminated, specify reason:	n/a
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Approximately 230 families/year supported by this grant.
Size of Service/Contract (in terms of vendor's total amount of business)	\$ 484,546 over three years.
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	<p>WKO serves pregnant women and teens that live in the impoverished region of Butler, Carter, Reynolds, Iron, Shannon and Wayne counties of the MO Ozarks.</p> <p>Whole Kids Outreach provides services to pregnant women with risk factors associated with poor birth outcomes and children and families with risk factors associated with child maltreatment and poor developmental outcomes (e.g., women and children living in domestic violence, single parents, and teen parents). The majority of WKO's clients are low-income; teen mothers make up 17% of WKO's clients. Educational attainment is low in these counties, and many WKO clients/mothers do not have high school diplomas. About one and half times as many (33.4%) children under age 18 live in poverty in the WKO service region compared to the overall state of Missouri (21.8%). Adult unemployment in the WKO counties is two to three times higher than that for the state.</p> <p>WKO provides home visits utilizing the Healthy Families America model of service delivery to reduce factors that contribute to child maltreatment and infant mortality rates.</p>
Personnel Assigned to Service/Contract (include position title):	<p>Sr. Anne Francioni, RN, MA—Project Director</p> <p>Connie Pendley—Program Support Coordinator</p> <p>Outreach Specialists (home visitors):</p> <p>Stephanie Buxton, Grace DeLong, Jessica Bishop, Tanya Hampton, Kimberly Harwell, Melinda Hill, Molly Reynolds.</p>

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

<b>Subcontractor Name: Whole Kids Outreach</b> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Children's Trust Fund
Address of Reference Company/Client:	Harry S Truman Office Building, Room 860 301 West High Street; P.O. Box 1641 Jefferson City, MO 65102-1641
Reference Contact Person Name, Phone #, and E-mail Address:	Kirk Schreiber, Executive Director 573-751-5147, kirk.schreiber@oa.mo.gov
Title/Name of Service/Contract	General Prevention Grant Whole Kids Outreach Healthy Families America
Dates of Service/Contract:	July 1, 2015 – June 30, 2016
If service/contract has terminated, specify reason:	n/a
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Approximately 30 families/year supported by this grant.
Size of Service/Contract (in terms of vendor's total amount of business)	\$30,000
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	<p>WKO serves pregnant women and teens that live in the impoverished region of Butler, Carter, Reynolds, Iron, Shannon and Wayne counties of the MO Ozarks.</p> <p>Whole Kids Outreach provides services to pregnant women with risk factors associated with poor birth outcomes and children and families with risk factors associated with child maltreatment and poor developmental outcomes (e.g., women and children living in domestic violence, single parents, and teen parents). The majority of WKO's clients are low-income; teen mothers make up 17% of WKO's clients. Educational attainment is low in these counties, and many WKO clients/mothers do not have high school diplomas. About one and half times as many (33.4%) children under age 18 live in poverty in the WKO service region compared to the overall state of Missouri (21.8%). Adult unemployment in the WKO counties is two to three times higher than that for the state.</p> <p>WKO provides home visits utilizing the Healthy Families America model of service delivery to reduce factors that contribute to child maltreatment and infant mortality rates.</p>
Personnel Assigned to Service/Contract (include position title):	<p>Sr. Anne Francioni, RN, MA—Project Director</p> <p>Connie Pendley—Program Support Coordinator</p> <p>Outreach Specialists (home visitors): Stephanie Buxton, Grace DeLong, Jessica Bishop, Tanya Hampton, Kimberly Harwell, Melinda Hill, Molly Reynolds.</p>

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

<b>Subcontractor Name: Whole Kids Outreach</b> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Dept. of Economic Development—Neighborhood Assistance Program State Tax Credit Program
Address of Reference Company/Client:	Missouri Department of Economic Development Division of Business and Community Services Finance Management Team 301 West High Street, Room 770 P.O. Box 118 Jefferson City, MO 65102
Reference Contact Person Name, Phone #, and E-mail Address:	Kim Baughman Community Development Programs kimberly.baughman@ded.mo.gov (573) 751-4539
Title/Name of Service/Contract	General Prevention Grant, Whole Kids Outreach Healthy Families America and Maternal-Child Visiting Nurse Programs
Dates of Service/Contract:	July 1, 2014 – June 30, 2017
If service/contract has terminated, specify reason:	n/a
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Approximately 200 families/year supported by this grant over three years..
Size of Service/Contract (in terms of vendor's total amount of business)	\$ 500,000
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	<p>WKO serves pregnant women and teens that live in the impoverished region of Butler, Carter, Reynolds, Iron, Shannon and Wayne counties of the MO Ozarks.</p> <p>Whole Kids Outreach provides services to pregnant women with risk factors associated with poor birth outcomes and children and families with risk factors associated with child maltreatment and poor developmental outcomes (e.g., women and children living in domestic violence, single parents, and teen parents). The majority of WKO's clients are low-income; teen mothers make up 17% of WKO's clients. Educational attainment is low in these counties, and many WKO clients/mothers do not have high school diplomas. About one and half times as many (33.4%) children under age 18 live in poverty in the WKO service region compared to the overall state of Missouri (21.8%). Adult unemployment in the WKO counties is two to three times higher than that for the state.</p> <p>WKO provides home visits utilizing the Healthy Families America and Nurses for Newborns models of service delivery to reduce factors that contribute to child maltreatment and infant mortality rates.</p>
Personnel Assigned to Service/Contract (include	Sr. Anne Francioni, RN, MA—Project Director, Connie Pendley—Program Support

position title):	Coordinator, Outreach Specialists (home visitors): Stephanie Buxton, Grace DeLong, Jessica Bishop, Pam Elledge, Tanya Hampton, Kimberly Harwell, Melinda Hill, Molly Reynolds.  Registered Nurses: Susan DeMent and Tina Shiller
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**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in)

<b>Title of Position: CCSOMO Executive Director</b> <b>Geographic Region(s): Regions 7, 8 &amp; 9</b>	
<b>Name of Person:</b>	Maura Taylor, MBA
Educational Degree (s): include college or university, major, and dates	BS in Biology, Creighton University, 1980 MBA, Wichita State University, 1985
License(s)/Certification(s), #(s), expiration date(s), if applicable:	N/A
Specialized Training Completed.	Additional graduate work in small business consulting. Certification: Missouri Disaster Case Management Supervisor
# of years experience in area of service proposed to provide:	5 years at Catholic Charities of Southern Missouri as Executive Director 20 + years non-profit experience
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	5 years as Executive Director
Describe this person's responsibilities over the past 12 months.	Provides leadership, management and oversight of all CCSOMO operations in conjunction with the leadership team. ED implements the strategic plan developed by the Board of Directors. Provides fiscal and operational review and reports to the Board.
Previous employer(s), positions, and dates	2 years-Director of Special Projects-Community Foundation of the Ozarks, 2009-2011.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	
✓ Case management	Missouri State Trained Disaster Case Management Supervisor 2012.
✓ Program administration	Developed and implemented the Disaster Case Management Program in 2011. Review the development and oversight of program policy and procedures and PQI. Currently lead and manage CCSOMO, a non-profit with multiple programs, over 76 staff and a budget of approximately \$5.6 million.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in)

<b>Title of Position: Director of Finance/Accounting</b> <b>Geographic Region(s): Region 7, 8 and 9</b>	
<b>Name of Person:</b>	Laura Guy-Rice, CPA
Educational Degree (s): include college or university, major, and dates	B.S. in Business Administration, 1982, Lincoln University; A.A. in Computer Science, 1984, Lincoln University; M.S. in Accounting, 1987, Truman State University
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Certified Public Accountant, State of Missouri, 1989-present
Specialized Training Completed.	Governmental accounting; working towards non-profit certification
# of years' experience in area of service proposed to provide:	9 years in public accounting; 20 years in management as financial director in governmental and non-profit entities
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	
Describe this person's responsibilities over the past 12 months.	Fiscal oversight, financial reporting, grant management
Previous employer(s), positions, and dates	Missouri State Highway Patrol, Computer Systems Analyst, 1983-1984 Special Projects Accountant, Orscheln Company, 1987-1988 CPA/Junior Partner, Harden, Cummins, Moss & Miller CPAs, 1988-1997 Director of Finance, City of Kirksville, 1997-2011 Director of Finance, City of Republic, 2011-2014 Director of Finance, Catholic Charities of Southern Missouri, Inc., 2014-present
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	
✓ Case management	
✓ Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: CCSOMO Director of Administration and PQI</b>	
<b>Geographic Regions(s): Regions 7, 8 &amp; 9</b>	
<b>Name of Person:</b>	Cindy Waites, MBA, MHSA
Educational Degree (s): include college or university, major, and dates	BA-Vanderbilt University 1984, Economics and Molecular Biology MBA University of Michigan 1987, Finance/Corporate Strategy MHSA University of Michigan 1987, Hospital Administration
License(s)/Certification(s), #(s), expiration date(s), if applicable:	N/A
Specialized Training Completed.	N/A
# of years experience in area of service proposed to provide:	4 years at CCSOMO. 20 + years –non-profit agencies
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	4 years in Management and agency policy development at CCSOMO.
Describe this person's responsibilities over the past 12 months.	Human Resources, Agency policy and procedure, grants compliance and administration, performance improvement initiatives.
Previous employer(s), positions, and dates	Cox Health-Special Projects Coordinator 2011-2014.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Chair of Early Childhood Committee for 2 years in Springfield
✓ Family/marital counseling	
✓ Social work	Co-Founder of Isabel's House Crisis Nursery of the Ozarks
✓ Case management	
✓ Program administration	Development and oversight of program policy and procedures and PQI. Work with quality assurance manager to measure outcomes and check data quality. HR responsibilities include hiring and performance reviews.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> CCSOMO Regional Director/ATA Program Director	
<b>Geographic Region(s):</b> Regions 7, 8 & 9	
<b>Name of Person:</b>	Kyle Schott LPC
Educational Degree (s): include college or university, major, and dates	M.A. Counseling, Southeast Missouri State University Dec. 1997
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Licensed Professional Counselor 1999142312, 12/22/1999
Specialized Training Completed.	EMDR, Certified Co-occurring Disorders
# of years experience in area of service proposed to provide:	27
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee since 2010
Describe this person's responsibilities over the past 12 months.	Program Director/Regional Director responsible for various program grants and contracts
Previous employer(s), positions, and dates	Community Counseling Center 2007-2010 Bootheel Counseling Services 1993-2007 Cottonwood Residential Treatment Center 1988-1992
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Professional Counselor with children and families since 1997
✓ Family/marital counseling	Professional Counselor since 1997
✓ Social work	28 years' experience in the social services field
✓ Case management	Case Manager 1991-1997
✓ Program administration	2010-present

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> CCSOMO Eastside Regional Supervisor-ATA <b>Credentialed Case Manager</b> <b>Geographic Region(s):</b> Region 8 & 9	
<b>Name of Person:</b>	Connie Koerner-Bean LMSW
Educational Degree (s): include college or university, major, and dates	<b>Master of Social Work</b> , University of Missouri, Columbia, MO, (2001) <b>Bachelor of Science</b> , emphasis in Social Work, Southeast Missouri State University, Cape Girardeau, MO, (1998) <b>Associate Nursing Degree</b> , Southeast Missouri State University, Cape Girardeau, MO, (1997)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	<b>Licensed Master Social Work</b> , January 2015 <b>State of Missouri, RN, #150154</b> , expires 04/30/2017
Specialized Training Completed.	<b>Associate Nursing Degree</b> , Southeast Missouri State University, Cape Girardeau, MO, (1997)
# of years experience in area of service proposed to provide:	19
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Regional Supervisor for Catholic Charities of Southern Missouri, 08/2012 – to date
Describe this person's responsibilities over the past 12 months.	Regional Supervisor, complete initial and postpartum assessments; monitor services provided; chart audits.
Previous employer(s), positions, and dates	<b>Mississippi County Health Department,</b> <b>Public Health Department Administrator</b> (10/2011 – 04/2012)  <b>SynCare MO, LLC</b> , (agency went out of business) Cape Girardeau, MO <b>Home and Community Based Services (HCBS)</b> <b>Southeast Region Supervisor</b> , (05/2011 – 09/2011)  <b>Missouri Department of Health and Senior Services,</b> <b>Bureau of Special Health Care Needs</b> , Cape Girardeau, MO <b>Regional Coordinator, Southeast Missouri</b> (03/07 - 05/06/11)  <b>Hilltop Community Resources</b> , Grand Junction, CO 06/2001 – 07/2005 <b>Home Health RN</b> (06/18/05 to 07/08/05) <b>Employee Health Nurse</b> , (06/18/01 to 07/08/05)

<p align="center"><b>Title of Position: CCSOMO Eastside Regional Supervisor-ATA</b></p> <p align="center"><b>Credentialed Case Manager</b></p> <p align="center"><b>Geographic Region(s): Region 8 &amp; 9</b></p>	
	<p><b>Community Counseling Center, Cape Girardeau, MO</b>  10/1995 – 06/2001  <i>Adult Alternative Critical Treatment Program RN, (03/99 - 06/01)</i>  <i>Lou Masterman Center, Mental Health RCF, Cape Girardeau, MO</i></p>
Identify specific information about experience in:	
✓ Early childhood development	
✓ Family/marital counseling	<p>30 hours completed towards a <b>Master in Community Counseling</b>, Southeast Missouri State University, Cape Girardeau, MO, (04/01)</p> <p><b>Community Counseling Center (CCC), Cape Girardeau, MO</b>  <i>Adult Alternative Critical Treatment Program RN, (03/99 - 06/01)</i>  Conducted group &amp; one-on-one counseling sessions with out-patients.</p>
✓ Social work	<p>Mental health, teaching and assisting clients with independent living skills, long-term disaster needs, housing assessments, providing resources, service coordination.</p>
✓ Case management	<p>15 years of nursing and social work case management for a variety of clients with multiple issues, mental health, housing, health services.</p>
✓ Program administration	<p><b>Missouri Department of Health and Senior Services, Bureau of Special Health Care Needs, Cape Girardeau, MO</b>  <i>Interim Program Manager (03/08 – 07/08 &amp; 10/08 – 04/09)</i></p> <ul style="list-style-type: none"> <li>• Management of two Medicaid based home care programs</li> <li><i>Regional Supervisor, (03/07 - 05/06/11)</i></li> <li>• Oversight of 4 nurses and 3 clerical positions</li> </ul> <p><b>Catholic Charities of Southern Missouri, 08/2012 – to date</b>  <i>Regional Supervisor</i>, Planning, implementing and auditing agency state and federal grant programs</p> <ul style="list-style-type: none"> <li>○ Targeted Case Management for DMH Developmental Disabilities</li> <li>○ Long-term Disaster Case Management</li> <li>○ Emergency Solutions Grant – Homeless Prevention Services</li> <li>○ Alternative to Abortion - at risk mothers and babies</li> <li>○ Youth Mentoring</li> </ul>

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: CCSOMO Director of LifeHouse Crisis Maternity Home/ATA Supervisor</b> <b>Credentialed Case Manager</b> <b>Geographic Region(s): Region 7</b>	
<b>Name of Person:</b>	Michele Marsh, BSN, MPS
Educational Degree (s): include college or university, major, and dates	<b>Master's Degree in Pastoral Studies (MPS) - Loyola University, New Orleans, LA (08/2007)</b> <b>Bachelor of Science, Nursing (BSN) - Southwest Baptist University, Springfield, MO (2001, cum laude)</b> <b>Religious Education Diploma - Creighton University, Omaha, NE (1992)</b> <b>Registered Nurse Diploma (RN) - Barnes Hospital School of Nursing, St. Louis, MO (1979)</b>
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Registered Nurse License – Expires April 2017 Cardiopulmonary Resuscitation - Expires August 2017
Specialized Training Completed.	Certifications in High-Risk Neonatal Nursing, Neonatal and Pediatric Advance Life Support, Pediatric Palliative Care. Change Acceleration Process and various business, legal, and leadership training, as well as Medical Case Management. JustFaith Ministries Program (2007-2008)
# of years' experience in area of service proposed to provide:	28 years Maternal Child experience including case management, 7 years Community Health and Access, 1 and a half years as current director of LifeHouse Crisis Maternity Home and Program .
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	CCSOMO Employee since October 1, 2014.
Describe this person's responsibilities over the past 12 months.	Director of LifeHouse provides leadership, vision/direction, and oversight. Specifics include program development, leadership, and oversight. Hiring, staffing, payroll, financial oversight and management, grant writing, policy and procedure development, fundraising/event planning, community partnership participation and development, community outreach, facility management, COA preparation,. Works closely with the staff, residents, volunteers, and donors.
Previous employer(s), positions, and dates	<b>Mercy Health System:</b> <b>Director of Community Health and Access (2008-2014)</b> Strategic Development and Planning, Increase Health and Wellness Access for the Underserved. Collaborations with Mercy Leadership and Community Leaders. Community Benefit Development and Oversight, Grant Oversight. <b>Nurse Clinician/Educator (1999-2008)</b> Leadership, Management, and Team Building Collaborative Experience. Development, Coordination, and Implementation of Education Programs for Staff, Physicians, Families, the Health System, and the Community

<b>Title of Position: CCSOMO Director of LifeHouse Crisis Maternity Home/ATA Supervisor</b> <b>Credentialed Case Manager</b> <b>Geographic Region(s):Region 7</b>	
	<b>VNA Specialty Services Nurse</b> (1999) Assisted in the Development of the Pediatric Home Health Care Program. <b>Assistant Nursing Director, Neonatal Transport Nurse</b> (1989-1991). Newborn Nursery and Newborn Intensive Care Management and Transport Nurse for Hammon's Life Line and St. John's Ambulance Services, Outreach and Referral Education. <b>NBN/NICU Nurse</b> (1980-1988, 1992-1999). <b>Cardiac Nurse</b> (1980) <b>High-Risk Ob/Gyn Nurse</b> (1979) Barnes Hospital, St. Louis, MO
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Developmental needs for Neonatal Intensive Care Infants and pediatric children, early childhood collaborative involvement to include working with the schools and the Springfield's child abuse and neglect collaborative.
✓ Family/marital counseling	
✓ Social work	Supervisor for social workers/case managers
✓ Case management	Case Management for children and adults
✓ Program administration	Director of Community Health and Access for Mercy Springfield Communities (6 hospitals). Community Benefit and various administrative duties. Assistant Nursing Director



**EXHIBIT E, continued**

<b>Title of Position: LifeHouse Nurse Educator</b> <b>Credentialed Case Manager</b> <b>Geographic Region(s): Region 7</b>	
<b>Name of Person:</b>	Karen Rice RN
Educational Degree (s): include college or university, major, and dates	BS Nursing, Southern Illinois University at Edwardsville 1982
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN, Missouri #092051. Expires 4-2017
Specialized Training Completed.	Certified in Inpatient Obstetric Nursing 1993
# of years experience in area of service proposed to provide:	16 years in maternal-child nursing
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 2.5 years
Describe this person's responsibilities over the past 12 months.	Health education of residents about their pregnancy, overall health and care of their newborns and other children. Work with Aftercare clients who have transitioned to permanent housing on wellness, child development, nutrition and other health curriculum.
Previous employer(s), positions, and dates	Missouri Eye Institute, circulating nurse in outpatient surgery center, 2003-2014 Cox South, RN, Labor and Delivery. 1989-1995 Christian Hospital Northwest, RN, Labor and Delivery evening charge nurse, House Supervisor. 1983-1989 Oliver C. Anderson Hospital, RN, Labor and Delivery 1982-1983.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Working with residents at LifeHouse 2014-2016
✓ Family/marital counseling	
✓ Social work	
✓ Case management	Medical case management LifeHouse 2014-2016.
✓ Program administration	Part of the core management team at LifeHouse 2014-2016. Evaluates and implements health care curriculum for the LifeHouse program.

**EXHIBIT E**

<p align="center"><b>Title of Position: Licensed Professional Counselor</b></p> <p align="center"><b>Credentialed Case Manager</b></p> <p align="center"><b>Geographic Region(s): Region 7</b></p>	
<b>Name of Person:</b>	William Holtmeyer, Jr., MS
Educational Degree (s): include college or university, major, and dates	MS, Counseling, Missouri State University, 1989 BS, Psychology, Missouri State University, 1987
License(s)/Certification(s), #(s), expiration date(s), if applicable:	LPC (Professional Counselor), 002474, June 30, 2017 NCC (National Certified Counselor), 49576, July 31, 2018 CEAP (Certified Employee Assistance Professional), 39740, June 30, 2018 Q-SAP (Qualified Substance Abuse Professional), May, 2017
Specialized Training Completed.	Psychological First Aid (Red Cross, Medical Reserve Corps) Critical Incident Stress Management Suicide Assessment and Intervention Mandated Reporter Training Civil and Family Mediation Family Reunification and Reconciliation Motivational Interviewing Substance Abuse Professional DOT Training
# of years' experience in area of service proposed to provide:	26 years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Professional Counselor, Part-time employee since January 2014.
Describe this person's responsibilities over the past 12 months.	Complete initial interview, assess for mental health and substance abuse issues, potential suicidality or other risks for violence, create treatment plan, provide individual and group, and family, marital/couples counseling when appropriate. Consult with other LifeHouse Team Members to determine appropriateness of placement, referral for additional or outside agency services, and recommendations for interventions.
Previous employer(s), positions, and dates	*Vantage Point Counseling and Consulting; Counselor, 2009-present *Missouri State University, Counseling Department Per Course Instructor, 2013-present *Ozarks Technical Community College, Psychology Dept., Per Course Instructor, 2014-2015 *Humana/Lifesynch, BNSF EAP Manager, Springfield Division, 2010-2012 *Alegent Health, Counselor, 2006-2009 *Mutual of Omaha, EAP Counselor, 2002-2005 *Professional Counseling Center, Counselor, 2005-2009 *Omaha Public Schools, City of Omaha/Douglas County EAP, EAP Counselor, 2000-2002 *Youth Emergency Services, 1999-2002

<p align="center"><b>Title of Position: Licensed Professional Counselor</b></p> <p align="center"><b>Credentialed Case Manager</b></p> <p align="center"><b>Geographic Region(s): Region 7</b></p>	
	<p>*VMC, USPS EAP Counselor, 1998-1999</p> <p>*Lakeland Regional Hospital, Mental Health Assessment Specialist, Community Services Liaison, 1992-1998</p> <p>*Boys and Girls Town of Missouri, Caseworker, Special Services Coordinator, 1989-1992</p>
Identify specific information about experience in:	
✓ Early childhood development	<p>Caseworker/Primary Therapist, Boys and Girls Town of Missouri, 1989-1992,</p> <p>Residential Treatment,</p> <p>Caseworker/Therapist, Lakeland Regional Hospital, 1992-1993</p> <p>Counselor, Youth Emergency Services, 1999-2002</p> <p>Counselor, LifeHouse, 2014-2016</p>
✓ Family/marital counseling	<p>Counselor, 1989-2016,</p> <p>Outpatient Counseling, Residential and Inpatient Treatment Programs as noted above</p> <p>Family Mediator</p>
✓ Social work	
✓ Case management	<p>Boys and Girls Town of Missouri, 1989-1992,</p> <p>Caseworker,</p> <p>Special Services Coordinator;</p> <p>VMC USPS Employee Assistance Program Counselor, 1997-1998;</p> <p>Omaha Public Schools Employee Assistance Program Counselor, 2000-2002;</p> <p>Mutual of Omaha EAP Counselor, 2002-2005</p> <p>Humana/Lifesynch BNSF EAP Division Manager, 2010-2012</p>
✓ Program administration	

**EXHIBIT E**

<b>Title of Position: LifeHouse Crisis Maternity Home Family Strengthening Coordinator</b> <b>Credentialed Case Manager</b> <b>Geographic Region(s): Region 7</b>	
<b>Name of Person:</b>	Denise Wilkinson, BSW
Educational Degree (s): include college or university, major, and dates	BSW, Southwest Missouri State University, 1989
License(s)/Certification(s), #(s), expiration date(s), if applicable:	n.a
Specialized Training Completed.	
# of years' experience in area of service proposed to provide:	15 years of social work experience in a medical setting including skilled nursing and hospice
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	New employee with Catholic Charities, August 2016.
Describe this person's responsibilities over the past 12 months.	New Family Strengthening Coordinator (case manager) for Life House Crisis Maternity Home
Previous employer(s), positions, and dates	Springfield Rehab and Health Care 2014-2016, Social Worker Health Systems Inc. 2003-2014, Social Worker and Office Manager South Care Hospice 2002-2003, Social Worker Wilkinson Inc. 1992-2002, Business owner Checkmate CStar program 1991-1992, Social Worker Missouri Division of Social Services 1990-1991, Social Worker
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	As a caseworker for Family support and in Cstar program, my role was to teach parents childcare basics including age appropriate discipline and stages of development.
✓ Family/marital counseling	As a caseworker in Family Support, Cstar and Skilled nursing I often assisted in helping families resolve disputes, learn effective communication skills and crisis intervention.
✓ Social work	Experience in Social Work includes working with a wide range of clients in various developmental stages, Starting with working with families and Children as a Child Support worker 1990-1991, working with Teens and their families in a substance abuse program setting form 1991-1992, finally working with geriatric patients and family in Hospice care and long term care.
✓ Case management	In all prior positions of Social Work, have been part of a case management team requiring admissions screenings, care plan development, resource management, and discharge planning.
✓ Program administration	Involved in the start of programs for CStar in 1991 and Hospice in 2002. In both circumstances, assist in program design and administration.

**EXHIBIT E**

<b>Title of Position: : LifeHouse Crisis Maternity Home Family Strengthening Coordinator</b> <b>Credentialed Case Manager</b> <b>Geographic Region(s): Region 7</b>	
<b>Name of Person:</b>	Julie Partin, MSW
Educational Degree (s): include college or university, major, and dates	<i>Master of Social Work</i> GPA 4.0 Graduated 5/2002 <i>Bachelor of Social Work</i> GPA 4.0 Graduated 12/1997 <i>Bachelor of Psychology</i> GPA 3.5 Graduated 12/1995
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Master's in Social Work, Bachelor's degree in Psychology, Mental Health/Play Therapist
# of years' experience in area of service proposed to provide:	9 years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	New Family Strengthening Coordinator (Case Manager) for LifeHouse Crisis Maternity Home, August 2016.
Describe this person's responsibilities over the past 12 months.	<i>Lakeland Behavioral Health Systems-Springfield, MO</i> Lakeland provides behavioral health services for children, adolescents, and their families.
Previous employer(s), positions, and dates	<i>Lakeland Behavioral Health Systems-Springfield, MO.-6/2013 to 8/20/16</i> <b><u>Social Worker/Case Manager, M.S.W.</u></b> Accountable for providing social service tasks which include Interviewing patients, families and referral sources. Responsible for writing social assessments and dictating social histories. Attend regular update conferences and staffing's. Secure discharge plans. Actively involved in crisis interventions.  <i>HCR-Manor Care - Springfield, MO. - 8/2009 to 8/2013</i> <b><u>Social Service Director-M.S.W</u></b> Primarily responsible for social service duties falling under the Post-Acute Care Unit, as well as, managing a caseload of Long Term Care residents. Provide psychosocial care for residents & their families, throughout the resident's stay; addressing a wide variety of issues. Work closely with doctors & nursing staff to develop specific care plans based on the needs of the resident. Accountable for documentation of admission assessments, care plan meetings, discharges & completing the social services section of the MDS. Operates as a liaison between the resident & Medicare & Medicaid. Perform discharge planning for residents

**Title of Position: : LifeHouse Crisis Maternity Home Family Strengthening Coordinator**

**Credentialed Case Manager**

**Geographic Region(s): Region 7**

	<p><i>St. John's Hospital – Springfield, MO. - 3/2008 to 8/2009</i>  <b><u>Medical Social Worker III, M.S.W.</u></b>          Responsible for providing assistance and guidance to individuals and their families experiencing medical and psychosocial crisis precipitated by their illness. Provide management of patient populations for the purpose of maximizing the effective use of resources, intervening and addressing and resolving issues, recognizing alternative care options, and creating opportunities to enhance outcomes.</p> <p><i>St. John's-Marian Center – Springfield, MO. - 1/2002 to 3/2008</i>  <b><u>Behavioral Health Clinician, M.S.W.</u></b>          Provide therapy in an inpatient setting with individuals who possess severe/persistent mental illness. Provide counseling, education, and mediation/problem solving for clinical issues related to trauma, abuse, addictions, mood disorders, anxiety, grief/loss, divorce, and blended family issues.</p> <p><i>Counseling Partners, Inc. – Springfield, MO. - 6/2005 to 6/2008</i>  <b><u>Mental Health Therapist/Play Therapist, M.S.W.</u></b>          Specialize in providing counseling to children, adolescents and their families in a variety of settings. Work with children and adolescents facing a variety of issues including depression, addictions, bereavement and loss, trauma and abuse. Facilitate therapy with couples and families, as well.</p>
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Over 9 years of experience providing child development education, preventions strategies, and case management. Also a Play Therapist. (Please see above)
✓ Family/marital counseling	Over 9 years family counseling (Please see above)
✓ Social work	Over 9 years of experience providing Clinical Social work. (Please see above)
✓ Case management	Over 9 years of case management for vulnerable populations including children. (Please see above)
✓ Program administration	4 years social service director experience (Please see above)

**EXHIBIT E**

<b>Title of Position: Case Management Supervisor</b> <b>Credentialed Case Manager</b> <b>Geographic Region(s): Region 7, 8 &amp; 9</b>	
<b>Name of Person:</b>	Margaret Hart, LMSW
Educational Degree (s): include college or university, major, and dates	Master Social Work, Administration, Policy & Planning emphasis, Research minor, Rutgers University, 1988 Bachelor's Degree, Agriculture Science, Education minor, Rutgers University, 1981
License(s)/Certification(s), #(s), expiration date(s), if applicable:	LMSW, expires 09/30/2016
Specialized Training Completed.	Continuing education (I have details at home) in Veteran Affairs, Homelessness, Critical Time Intervention, Motivational Interviewing, and see attached continuing Ed
# of years' experience in area of service proposed to provide:	15
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	October 2016=2 years with CCSOMO
Describe this person's responsibilities over the past 12 months.	Supervise case management, provide continuing education opportunities to case managers, train re: program requirements, monitor workloads, assist in case analysis, provide info & referral, coordinate with community organizations/partner programs.
Previous employer(s), positions, and dates	Missouri State University, Per Course Faculty, 08/15-05/16 Mercy Hospital, Behavioral Health Clinician p/t, 05/14-08/15 Omega Healthcare, Hospice, 09/2013-10/2014 Dpt. Of Health & Sr. Services, Adult Protective Services, Investigator-Supervisor, 07/2006-09/2013; Case Manager, Missouri Hotel, homeless shelter
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	Part time behavioral clinician inpatient psyche unit 2014-2015
✓ Social work	Crisis Response, Adult Protective Services-2006-2013 Investigator, promoted through Supervisor of Greene County, MO unit, Community Organizer to prevent drug and alcohol abuse among youth, Ozarks Fighting Back, 1998-1999
✓ Case management	Missouri Hotel, homeless shelter, 2006,
✓ Program administration	Program Manager, Supportive Services for Veteran Families, 10/2014 to present Supervisor of Adult Protective Services, 2010-2013;

**EXHIBIT E**

<b>Title of Position: Family Strengthening Coordinator</b> <b>Credentialed Case Manager</b> <b>Geographic Region(s): Region 7</b>	
<b>Name of Person:</b>	Heather Schreiman, BSW
Educational Degree (s): include college or university, major, and dates	Missouri State University; Social Work, BSW degree; Graduated on 5/13/2016
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Disaster Case Management Training; Motivational Interviewing; Mental Health First Aid Training; RENT conference
# of years' experience in area of service proposed to provide:	6 months
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Intern at CCSOMO from 1/16-end of 4/16; hired on full time at end of internship on 5/2/2016.
Describe this person's responsibilities over the past 12 months.	Case management; housing stability; accessing resources in the community; budgeting classes, etc.
Previous employer(s), positions, and dates	Ozark Regional YMCA: Site Leader: 8/20/2013-04/29/2016 Association of Missouri Electric Cooperatives: Office assistant: 12/5/2013-1/5/2016 St. George Extended Care: Child Care Provider: 05/20/2011-08/01/2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Human Behavior in the Social Environment 1 and 2 at Missouri State University; worked at the YMCA in Springfield, MO
✓ Family/marital counseling	
✓ Social work	Internship at CCSOMO from 1/16-5/16; Case management with SSVF; ESG; MHTF; and general case management. Followed other case managers and learned the process and the paperwork, located resources in the community; housing stability work and budgeting work with clients; social work curriculum at Missouri State University from Fall 2013 through Spring 2016.
✓ Case management	Internship at CCSOMO from 1/16-5/16; Case management with SSVF; ESG; MHTF; and general case management. Followed other case managers and learned the process and the paperwork, located resources in the community; housing stability work and budgeting work with clients; social work curriculum at Missouri State University from Fall 2013 through Spring 2016.



**EXHIBIT E**

<p align="center"><b>Title of Position: Family Strengthening Coordinator</b></p> <p align="center"><b>Credentialed Case Manager</b></p> <p align="center"><b>Geographic Region(s): Region 7</b></p>	
<b>Name of Person:</b>	Cindy Gingerich, BSW
Educational Degree (s): include college or university, major, and dates	Bachelor of Social Work from Missouri State University in 1986.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	NA
Specialized Training Completed.	NA
# of years' experience in area of service proposed to provide:	28
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	
Describe this person's responsibilities over the past 12 months.	New hire. August 2016.
Previous employer(s), positions, and dates	Missouri Dept. of Corrections from 2/87 thru 11/15
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	na
✓ Family/marital counseling	na
✓ Social work	Assisted probation/parolees in modifying their behavior to become law abiding, responsible citizens. 2/87-11/15
✓ Case management	Worked as a probation/parole officer and supervisor for 28 years monitoring and documenting client adherence to supervision plans. 2/87-11/15
✓ Program administration	Oversaw drug court, the state halfway house, electronic monitoring and interstate compact cases.

**EXHIBIT E, continued**

<b>Title of Position:</b> Family Strengthening Coordinator <b>Credentialed Case Manager</b> <b>Geographic Region(s):</b> Region 8 & 9	
<b>Name of Person:</b>	Crystal Gilliland, BSW
Educational Degree (s): include college or university, major, and dates	Bachelor of Science: Social Work; Southeast Missouri State University; 12/2001
License(s)/Certification(s), #(s), expiration date(s), if applicable:	n/a
Specialized Training Completed.	Missouri-Disaster Case Management training 2012
# of years experience in area of service proposed to provide:	12 years of total social work/case management experience; 2 years of maternal health case management experience
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of Catholic Charities of Southern Missouri for 4 years
Describe this person's responsibilities over the past 12 months.	Intake, assessment, case management to include home visits, face to face, non-face to face visits, coordination of services, referrals, education of clients on maternal health and newborn care topics, assist clients in obtaining funding for rent, utilities, supplies as needed, data entry, maintenance of client files, documentation
Previous employer(s), positions, and dates	Community Counseling Center, Psychosocial Rehabilitation (PSR), 5/2005-9/2012  Family Counseling Center, Community Support Worker/Counselor in Training, 2/2002-7/2003
Identify specific information about experience in:	
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	12 years of total experience
✓ Case management	12 years of experience-Disaster case management, maternal/child case management, housing stability case management and targeted case management for the developmentally disabled
✓ Program administration	2 years of experience- developed and implemented a rural youth mentoring program

**EXHIBIT E, continued**

<b>Title of Position: CCSOMO Family Strengthening Coordinator</b> <b>Credentialed Case Manager</b> <b>Geographic Region(s): Region 8 &amp; 9</b>	
<b>Name of Person:</b>	Brenda Miller, BSW
Educational Degree (s): include college or university, major, and dates	Bachelor of Social Work, Southeast Missouri State University, May, 1982
License(s)/Certification(s), #(s), expiration date(s), if applicable:	N/A
Specialized Training Completed.	Income Maintenance Case Manager and Children's Division Worker required training for specific positions held.
# of years experience in area of service proposed to provide:	34
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	3 years
Describe this person's responsibilities over the past 12 months.	Case manager for the Emergency Solutions/Homeless prevention grants in Cape Co, Scott/Miss Co. Case Manager for Missouri Housing Trust Fund/Rental Assistance Program/ ATA professional Case Manager
Previous employer(s), positions, and dates	Department of Social Services/Children's Division 1982-2013
Identify specific information about experience in:	
✓ Early childhood development	N/A
✓ Family/marital counseling	N/A
✓ Social work	34 years, Adoption Specialist-6 years. Permanency worker, 4 years. Eligibility Specialist 24 years
✓ Case management	34 years/ all positions required case management
✓ Program administration	N/A

**EXHIBIT E, continued**

<b>Title of Position: CCSOMO Family Strengthening Coordinator</b> <b>Credentialed Case Manager</b> <b>Geographic Region(s): Region 8 &amp; 9</b>	
<b>Name of Person:</b>	Mallory Parr, BSW
Educational Degree (s): include college or university, major, and dates	Hannibal Lagrange University Hannibal, MO Bachelor of Social Work BSW November 2015
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Supportive Services to Veteran Families (SSVF) program training
# of years' experience in area of service proposed to provide:	less than a year
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Hired 2/18/16
Describe this person's responsibilities over the past 12 months.	Social Worker providing housing stability case management to SSVF families who are at-risk of homelessness or are homeless. Assist in meeting basic needs and accessing supportive services. Also providing ATA services out of the Van Buren office under the supervision of Connie Koerner-Bean LMSW.
Previous employer(s), positions, and dates	Four Oaks Hospice, Poplar Bluff Intern
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Utilizing CCSOMO's maternal/child curriculum with ATA clients.
✓ Family/marital counseling	
✓ Social work	Less than a year. New graduate
✓ Case management	Less than a year. New BSW graduate
✓ Program administration	Last six months has provided SSVF and ATA services in the rural areas in south central and southeast Missouri

**EXHIBIT E**

<b>Title of Position: Family Strengthening Coordinator</b> <b>Credentialed Case Manager</b> <b>Geographic Region(s): Region 8 &amp; 9</b>	
<b>Name of Person:</b>	Melody Atkinson
Educational Degree (s): include college or university, major, and dates	Central Methodist University, Fayette, Missouri, Bachelor of Science, 2014 Major – Psychology, Minor – Business Administration & Sociology
License(s)/Certification(s), #(s), expiration date(s), if applicable:	None
Specialized Training Completed.	Continuing hours – Child Abuse, Dexter, MO Child Abuse & Neglect Training at East Carter R-II School, Ellsinore, MO
# of years' experience in area of service proposed to provide:	Served 10 years as Program Administrator and Curriculum Development of Children's Programs at Harmony General Baptist Church, Ellsinore, MO
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee – Catholic Charities of Southern Missouri, Van Buren, MO July 25, 2016 - present
Describe this person's responsibilities over the past 12 months.	Family Strengthening Coordinator
Previous employer(s), positions, and dates	Southeast Missouri Behavioral Health, Poplar Bluff, MO – Care Coordinator 6/6/16 – 7/20/16 East Carter R-II School, Ellsinore, MO – Substitute in Early Childhood and ISS (Alternative School) 8/2012 -5/2016
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Worked as an aide in the Early Childhood Program at East Carter R-II School District, Ellsinore, MO, when they needed extra help. 2012-2016
✓ Family/marital counseling	While working in the Alternative School at East Carter R-II School, Ellsinore, MO, one of my responsibilities was to have open discussions with the students as a way of offering them a coping mechanism for their home situations. Many of these situations included dealing with broken families, drug abuse, pregnancy, poverty. 2012-2016
✓ Social work	
✓ Case management	Care Coordinator for the Disease Management Program at Southeast Missouri Behavioral Health. Poplar Bluff, MO, from 6/6/16 – 7/20/16. Research and locate clients, meet with clients to discuss programs to help meet their needs.
✓ Program administration	Had sole responsibility for developing & implementing programs for all Children's Programs for Harmony General Baptist Church, Ellsinore, MO, from 1993 – 2003.

**EXHIBIT E**

<b>Title of Position: CCSOMO Family Strengthening Coordinator</b> <b>ATA Noncredentialed Case Manager</b> <b>Geographic Region(s): Region 8 &amp; 9</b>	
<b>Name of Person:</b>	Robin Walters
Educational Degree (s): include college or university, major, and dates	Completion of Business Degree May 2016.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Disaster Case Management 2010, 2012 HUD certified Housing and Financial Counselor, 2014 HECM certification 2015
# of years experience in area of service proposed to provide:	3 years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 5 years
Describe this person's responsibilities over the past 12 months.	Case manager for various programs including "Healthy Moms, Healthy Babies", disaster response and long-term recovery, homeless prevention, housing and financial counseling.
Previous employer(s), positions, and dates	
Identify specific information about experience in:	
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	
✓ Case management	4.5 years in CM for various funded programs including ATA, Disaster Case Management, ESG grant (Homeless Prevention). MHTF Grants for Home Repair, Rental Assistance and Emergency Assistance.
✓ Program administration	Office Manager Van Buren office

**EXHIBIT E, continued****Subcontractor information-Whole Kids Outreach**

<b>Title of Position: Executive Director-Whole Kids Outreach</b> <b>ATA Credentialed Case Manager</b> <b>Geographic Regions: 8 &amp; 9</b>	
<b>Name of Person:</b>	Sr. Anne Francioni, RN, MA
<b>Educational Degree (s): include college or university, major, and dates</b>	Touro Infirmary School of Nursing, RN diploma 1980 University Missouri, B.A. Special Education 1992 Webster University, M.A. Management 1995
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	Nursing License # 093727
<b>Specialized Training Completed.</b>	17 years as Executive Director of Whole Kids Outreach. Numerous state and national conferences on child welfare, public health, and leadership. Certified (+ supervisor) in Healthy Families America and Growing Great Kids
<b># of years experience in area of service proposed to provide:</b>	17 years as Executive Director of Whole Kids Outreach (WKO) plus 5 years as visiting nurse in Southeast MO through Nurses for Newborns of St. Louis, MO. 7 years as Director of St. Mary's Special School, developed programs for students with MR/DD. 1 year as staff in Casa Guadalupe Domestic Violence Shelter. 9 years as a staff nurse in Teaching Hospitals in MO and LA. 3 years in direct care Special School programs.
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	17 years as Executive Director of Whole Kids Outreach
<b>Describe this person's responsibilities over the past 12 months.</b>	Oversee all aspects of Whole Kids Outreach along with securing funds; ensure ongoing agency strategies; planning and evaluation of all programs; executive/board responsibilities; and staff development.
<b>Previous employer(s), positions, and dates</b>	Whole Health Outreach, home visiting nurse, 1996-1999 Cardinal Glennon Children's Hospital, St. Louis Children's Hospital, New Orleans Children's Hospital, Touro Infirmary Hospital—Staff Nurse positions 1980-1996 (with other positions within those dates) St. Mary's Special School Director of Child Care and Health Services, 1987-1993 St. Michael's Special School—Teacher assistant, 1976-77
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	See above
✓ Family/marital counseling	See above
✓ Social work	n/a
✓ Case management	See above
✓ Program administration	See above

**EXHIBIT E, continued****Subcontractor information-Whole Kids Outreach**

<b>Title of Position: Maternal-child Visiting Nurse Program Coordinator and Staff Nurse</b> <b>ATA Credentialed Case Manager</b> <b>Geographic Regions: 8 &amp; 9</b>	
<b>Name of Person:</b>	Susan DeMent, RN
Educational Degree (s): include college or university, major, and dates	Associate of Arts in Nursing, Southeast MO State University 1983 Minor in Psychology. Coursework for BSN.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN MO State Board of Nursing # 094908
Specialized Training Completed.	80 plus hours classroom training in Maternal Child Visiting Nurse Curriculum RN Numerous conferences on staff management, Abuse/Neglect prevention (local, state, and national), CPR instructor certification, and maternal-child health and development  (documentation available on request)
# of years experience in area of service proposed to provide:	2 years of experience as Clinical Director of Whole Kids Outreach (WKO), 10 years as maternal child visiting nurse for WKO/Nurses for Newborns, 20 years' experience as clinical nurse in labor and delivery
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed for 10 years with Whole Kids Outreach, 2 years as Clinical Director, overseeing home visiting programs and staff.
Describe this person's responsibilities over the past 12 months.	Maternal-child Visiting Nurse Program Coordinator, home visits.
Previous employer(s), positions, and dates	1988-2004 Woman's Hospital of Texas, staff nurse, charge nurse, quality assurance officer for labor and delivery.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	See above
✓ Family/marital counseling	See above
✓ Social work	n/a
✓ Case management	See above
✓ Program administration	See above



**EXHIBIT E, continued****Subcontractor information-Whole Kids Outreach**

<b>Title of Position: Staff Nurse</b> <b>ATA Credentialed Case Manager</b> <b>Geographic Regions: 8 &amp; 9</b>	
<b>Name of Person:</b>	Tina Schiller, RN
Educational Degree (s): include college or university, major, and dates	Associate of Applied Science in Nursing, Three Rivers College 1995
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN MO State Board of Nursing # 137404
Specialized Training Completed.	80 plus hours classroom training in Maternal Child Visiting Nurse Curriculum RN Numerous conferences on maternal-child nursing and abuse/neglect prevention. (documentation available on request)
# of years experience in area of service proposed to provide:	4 years at WKO Staff Nurse
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed for 4 years with Whole Kids Outreach as staff nurse.
Describe this person's responsibilities over the past 12 months.	Maternal-child Visiting Nurse Program Staff Nurse, home visits.
Previous employer(s), positions, and dates	7/1995 – 2012 Poplar Bluff Regional Medical Center—postpartum and newborn nursery.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	See above
✓ Family/marital counseling	See above
✓ Social work	n/a
✓ Case management	See above
✓ Program administration	See above

**EXHIBIT E, continued****Subcontractor information-Whole Kids Outreach**

<p align="center"><b>Title of Position: Healthy Families America Coordinator</b></p> <p align="center"><b>ATA Credentialed Case Manager</b></p> <p align="center"><b>Geographic Region(s): 8 &amp; 9</b></p>	
<b>Name of Person:</b>	Pamela Elledge, RN, MSN
<b>Educational Degree (s): include college or university, major, and dates</b>	1990 - Assoc. Nursing—Southeast Missouri State U. 1998 - BSN—Southeast Missouri State U. 2016—MSN—Grand Canyon U.
<b>License(s)/Certification(s), # (s), expiration date(s), if applicable:</b>	RN MO State Board of Nursing # 118729
<b>Specialized Training Completed.</b>	80 plus hours classroom training in Maternal Child Visiting Nurse Curriculum RN, BSN, MN Numerous conferences on maternal-child nursing and abuse/neglect prevention. Will complete Healthy Families America and Growing Great Kids certification + Supervision in 2016 (documentation available on request)
<b># of years experience in area of service proposed to provide:</b>	12 years at WKO Staff Nurse, home visits 7 years as Maternal-child Visiting Nurse Program Coordinator Starting April 2016—Whole Kids Outreach Healthy Families America Coordinator 9 years as staff nurse, acute care clinical setting 2 years as clinical instructor
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Employed for 12 years with Whole Kids Outreach as staff nurse and/or coordinator in nursing and HFA programs.
<b>Describe this person's responsibilities over the past 12 months.</b>	Intern for master's program and Healthy Families America Coordinator, which will begin in April 2016.
<b>Previous employer(s), positions, and dates</b>	2002 - 2014 Whole Kids Outreach—staff nurse and Maternal-child Visiting Nurse Program Coordinator 2015 -2016 Clinical Instructor—Southeast State U. 1990 - 2002 Southeast Missouri Hospital—staff nurse 1994 - 1999 Madison Medical Center—staff nurse 1992 - 1994 Eldercare—staff nurse
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience

**EXHIBIT E, continued****Subcontractor information-Whole Kids Outreach**

<b>Title of Position: Outreach Specialist</b> <b>Noncredentialed Case Manager</b> <b>Geographic Region(s): 8 &amp; 9</b>	
<b>Name of Person:</b>	Grace Jeanine Delong
Educational Degree (s): include college or university, major, and dates	High School Diploma BS Early Childhood and Elementary Education, MO State University
License(s)/Certification(s), # (s), expiration date(s), if applicable:	n/a
Specialized Training Completed. Include dates and documentation of completion:	120 hours classroom training Empowering Mandated Reporters to Protect Children—2014
# of years experience in area of service proposed to provide:	1 month of experience providing in-home visitation to families and their children with Whole Kids Outreach
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	Employed 1 month as Outreach Specialist
Describe this person's responsibilities over the past 12 months.	In-home visits—teaching parenting skills, childbirth education, acting as liaison between client and physicians/other service providers, teaching health education and addressing social barriers to child and family health and abuse prevention utilizing an Individualized Family Service Plan, screening for abuse/neglect risk factors, maternal depression and completing developmental assessment tools (ASQ). Networking between local agencies.
Previous employer(s), positions, and dates	Newburg public School 1991-2014 Dent-Phelps School 1987-1991
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood education	In-house monthly training and updates as well as conferences and seminars.
✓ Child development services	In-house monthly training and updates as well as conferences and seminars.
✓ Delivering research-based home visitation model ( <i>identify the model</i> ), the areas of early childhood education, including literacy, parenting, child abuse and neglect prevention and reduction, health and nutrition, and other related areas	1 month of experience as an Outreach Specialist implementing the HFA home visiting model.

**EXHIBIT E, continued****Subcontractor information-Whole Kids Outreach**

<b>Title of Position: Healthy Families America Supervisor</b> <b>Credentialed Case Manager</b> <b>Geographic Region(s): 8 &amp; 9</b>	
<b>Name of Person:</b>	Jessica Bishop, MS
<b>Educational Degree (s): include college or university, major, and dates</b>	2007—MS Psychology 2005—BS Psychology
<b>License(s)/Certification(s), # (s), expiration date(s), if applicable:</b>	n/a
<b>Specialized Training Completed.</b>	Extensive training in child abuse/neglect, case management and parenting education. Will complete Healthy Families America and Growing Great Kids certification + Supervision in 2016 (documentation available on request)
<b># of years experience in area of service proposed to provide:</b>	8 years working with families (in their homes) at risk of having their children removed by Children's Division.
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Beginning employment with Whole Kids Outreach in April 2016 as a Healthy Families America Supervisor
<b>Describe this person's responsibilities over the past 12 months.</b>	Worked with families in crisis to prevent removal; advocate for clients' rights and services; and provide referrals for resources in the community.
<b>Previous employer(s), positions, and dates</b>	Aug. 2011 – present—Adjunct Instructor, Human Development July 2012 – present –Intensive In-Home Specialist, Family Facets April 2008 – 2014—Online Instructor, Heald College, Psychology courses. April 2008 – June 2014—Intensive In-Home Service Worker, A.O. Community Services
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience

**EXHIBIT E, continued****Subcontractor information-Whole Kids Outreach**

<b>Title of Position: Outreach Specialist, Healthy Families America</b> <b>Noncredentialed Case Manager</b> <b>Geographic Region(s): 8 &amp; 9</b>	
<b>Name of Person:</b>	Kim Harwell
Educational Degree (s): include college or university, major, and dates	High School Diploma, Associate's degree in Medical Office Procedures Hours towards Social Work degree
License(s)/Certification(s), # (s), expiration date(s), if applicable:	n/a
Specialized Training Completed.	40 + hours classroom training plus 6 weeks of supervised home visits. Multiple conferences and trainings on topics including: Protective Factors, Child Abuse/Neglect, Leadership, Domestic Violence, Autism, SIDS, Smoking Cessation, and Teen Parents. Certification in Healthy Families America and Growing Great Kids + supervisor  (documentation for the above available upon request)
# of years experience in area of service proposed to provide:	10 years of experience providing in-home visitation to families and their children with Whole Kids Outreach
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed for 10 years with Whole Kids Outreach as an Outreach Specialist (home visitor).
Describe this person's responsibilities over the past 12 months.	Home visits delivering the Healthy Families America program.
Previous employer(s), positions, and dates	1997-2004 Butler County Publishing, proofreader and composition 2004-2005 Car- Mart Car Sales, secretary Community Action Agency
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience

**EXHIBIT E, continued****Subcontractor information-Whole Kids Outreach**

<b>Title of Position: Outreach Specialist, Healthy Families America</b> <b>WKO Non-credentialed case manager</b> <b>Geographic Region(s): 8 &amp; 9</b>	
<b>Name of Person:</b>	Stephanie Buxton
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s), # (s), expiration date(s), if applicable:	n/a
Specialized Training Completed.	40 + hours classroom training plus 6 weeks of supervised home visits. Empowering Mandated Reporters to Protect Children—2014 Healthy Families America Core Training—2013 Integrated Strategies for Home Visiting—2013 Growing Great Kids Prenatal to 36 months Tier 1 Certification—2014 Child Abuse and Domestic Violence—2013 Supervisor training for HFA and GGK
# of years experience in area of service proposed to provide:	2.5 years of experience providing in-home visitation to families and their children with Whole Kids Outreach
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed for 2.5 years with Whole Kids Outreach as an Outreach Specialist (home visitor).
Describe this person's responsibilities over the past 12 months.	Home visits delivering the Healthy Families America program.
Previous employer(s), positions, and dates	Gastineau Hardware and Lumber 2011-2012 Bella Rose Floral Boutique 2010-2011 Securitas Security Service USA 2007-2010 SSM Healthcare St. Mary's 2006-2007
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience

**EXHIBIT E, continued****Subcontractor information-Whole Kids Outreach**

<b>Title of Position: Outreach Specialist, Healthy Families America</b> <b>WKO Non-credentialed case manager</b> <b>Geographic Region(s): 8 &amp; 9</b>	
<b>Name of Person:</b>	Tanya Hampton
Educational Degree (s): include college or university, major, and dates	High School Diploma Cosmetology License, Ozark Beauty Academy
License(s)/Certification(s), # (s), expiration date(s), if applicable:	n/a
Specialized Training Completed.	40 + hours classroom training plus 6 weeks of supervised home visits. Multiple conferences and trainings on topics including: Protective Factors, Child Abuse/Neglect, Leadership, Domestic Violence, Autism, SIDS, Smoking Cessation, and Teen Parents. Certification in Healthy Families America and Growing Great Kids  (documentation for the above available upon request)
# of years experience in area of service proposed to provide:	1.5 years of experience providing in-home visitation to families and their children with Whole Kids Outreach
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed for 1.5 years with Whole Kids Outreach as an Outreach Specialist (home visitor).
Describe this person's responsibilities over the past 12 months.	Home visits delivering the Healthy Families America program.
Previous employer(s), positions, and dates	Owner/Operator of The Hair Co. Unlimited 1999-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience

**EXHIBIT E, continued****Subcontractor information-Whole Kids Outreach**

<b>Title of Position: Outreach Specialist, Healthy Families America</b> <b>WKO Non-credentialed case manager</b> <b>Geographic Region(s): 8 &amp; 9</b>	
<b>Name of Person:</b>	Melinda Hill
Educational Degree (s): include college or university, major, and dates	High School Diploma CNA and CMT training courses, Brent B. Tinnin Manor
License(s)/Certification(s), # (s), expiration date(s), if applicable:	CNA# 23405A CMT# 6899MT
Specialized Training Completed.	40 + hours classroom training plus 6 weeks of supervised home visits. Multiple conferences and trainings on topics including: Protective Factors, Child Abuse/Neglect, Leadership, Domestic Violence, Autism, SIDS, Smoking Cessation, and Teen Parents. Certification in Healthy Families America and Growing Great Kids  (documentation for the above available upon request)
# of years experience in area of service proposed to provide:	1.5 years of experience providing in-home visitation to families and their children with Whole Kids Outreach
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed for 1.5 years with Whole Kids Outreach as an Outreach Specialist (home visitor).
Describe this person's responsibilities over the past 12 months.	Home visits delivering the Healthy Families America program.
Previous employer(s), positions, and dates	Butler County Health Department In Home Services 2007-2014 Brent B. Tinnin Manor 2006-2007 Mineral Area Regional Medical Center 2001-2004 BJC Healthcare 1999-2000
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience



**EXHIBIT E, continued****Subcontractor information-Whole Kids Outreach**

<b>Title of Position: Program Support Coordinator and Healthy Families America Supervisor</b> <b>WKO Supervisor</b> <b>Geographic Region(s): 8 &amp; 9</b>	
<b>Name of Person:</b>	Connie Pendley
Educational Degree (s): include college or university, major, and dates	Associates Degree, Executive Secretarial-Science/Computer Networking Mineral Area College in Flat Rivers, MO—May 1993 Associate Degree in Medical Billing and Coding from AmeriTech College in Dravo Utah (online), May 2014
License(s)/Certification(s), # (s), expiration date(s), if applicable:	Medical/Dental Office Assistant Diploma—Professional Career Development Institute—1995 MBC Certified—August 2014
Specialized Training Completed.	Healthy Families America and Growing Great Kids certified + Supervisor. Ongoing training in database management through Winona State University, Computer Science Department and IT consultants—2004 - present
# of years experience in area of service proposed to provide:	13 years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed at Whole Kids Outreach as Program Support Coordinator.
Describe this person's responsibilities over the past 12 months.	Management of all WKO program data bases, assistance to home visitors and other programs staff, Assistant Camp Director, queried information from data base for grant reports, assistance with incoming revenue tracking, preparation and management of home visitors tracking tools, and maintenance of WKO computers and server system. Referral intake.
Previous employer(s), positions, and dates	Mineral Area College, Nursing Dept., Secretary Aid (work study program)—1990-1993 Centerville R-I School District, Secretary, Bookkeeper—1993-2004
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience

**Proposed Method of Performance**

**Exhibit F: Method of Performance**

**Exhibit G: Implementation or Readiness Plan**

**Exhibit H: Client Scenario**

**Exhibit Revised by Addendum #1****EXHIBIT F****METHOD OF PERFORMANCE**

The vendor should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the vendor should specifically address each of the following issues:

1. For each geographic region proposed, identify the service location as well as any satellite locations. Describe the geographic proximity of the services being proposed to the majority of clients to be served. Describe how women initially access services and locate the service location/satellite location.

<b>GEOGRAPHIC REGION 7</b> <i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i>	
Identify the service location:	LifeHouse Crisis Maternity Home, 424 E Monastery St. Springfield MO 65807
Identify the satellite location(s)	Springfield Office, 1055 S Campbell, Springfield MO 65803
<p><b>Describe the geographic proximity of the services being proposed to the majority of the clients served.</b></p> <p>LifeHouse Crisis Maternity Home provides residential services including safe shelter and comprehensive services to homeless pregnant women and their young children under age 5 in the counties listed below and takes referrals from all the thirty-nine southernmost Missouri counties that are in CCSOMO's coverage area. LifeHouse is a 24/7 staffed residential facility providing transitional housing.</p> <p>Catholic Charities of Southern Missouri serves non-residential clients in Christian, Dallas, Greene, Lawrence, Polk, Stone, Taney, and Webster Counties from two offices in Springfield. This is a large coverage area with limited access to transportation. CCSOMO staff travel to the client's home or a community site to meet with families requesting services based on their needs and transportation availability. If LifeHouse client transitions into permanent housing before their child's first birthday, they can receive ATA non-residential services through the AfterCare Program.</p> <p>Offices are open 9 am-5 pm, Monday through Friday, excluding holidays. A 24 hour number is available for emergencies, after hour and weekend calls and a case manager is on call to answer and respond to these requests.</p>	
<p><b>Describe how women initially access service and locate the service location/satellite location.</b></p> <p>Clients can call the office or be referred by other collaborative partners in the local communities including other social service agencies, health care clinics, emergency rooms, churches, food pantries, shelters, etc. CCSOMO offers other case management and housing programs in Region 7 except St. Clair and Vernon counties and has an established referral network that will allow us to reach potential ATA clients and provide access to services. CCSOMO Family Strengthening Coordinators (FSCs)/case managers will schedule appointments with the client to meet at the office, their home or other location. Many clients in the rural areas do not have access to reliable transportation so often the FSC travels to client's home and/or location. The vendor understands that the decision to access the Alternatives to Abortion Program rests solely with the pregnant woman and that other ATA vendors may be available.</p> <p>Catholic Charities of Southern Missouri's LifeHouse Crisis Maternity Home and After Care Program for homeless pregnant women and their young children is located in Springfield. LifeHouse provides safe housing and comprehensive services for up to 20 homeless pregnant women and 30 infants and young children. LifeHouse accepts referrals from health care providers, substance abuse treatment centers, courts, shelters, churches, social service agencies and self-referrals for southern Missouri including all the</p>	

counties in region 7 except St. Clair and Vernon. Upon receiving a call from a homeless pregnant woman or a referral, an appointment is scheduled with the potential resident to complete an intake and explain the program. The homeless pregnant woman can be at any stage of pregnancy. Upon entering the residential program, women and their children may stay up to year following delivery as they work towards self-sufficiency and healthy outcomes.

CCSOMO utilizes 211 to list agency services so clients can easily access assistance and locate services locations. The agency also publishes flyers and posts in areas frequented by potential clients listing phone numbers and location sites. Pregnant women and their families can access most services within a 50-mile radius. Most of the clients are referred to the program and can also self-refer. CCSOMO's established network of relationships with local community agencies and organizations including healthcare providers, such as pediatricians and obstetricians, area shelters, county health departments, WIC, Division of Family Service caseworkers, school personnel, VA services, landlords and churches are expected to provide a large number of ATA referrals. CCSOMO also receives requests for assistance on its website at [ccsomo.org](http://ccsomo.org).

<b>GEOGRAPHIC REGION 8</b> <i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i>	
Identify the service locations:	CCSOMO Van Buren Office, 511 Main St. Van Buren, MO 63965
Identify the satellite location(s)	Whole Kids Outreach, 62143 MO-21, Ellington, MO 63638
<p><b>Describe the geographic proximity of the services being proposed to the majority of the clients served.</b></p> <p>Catholic Charities of Southern Missouri (CCSOMO) serves non-residential clients in Carter, Douglas, Howell, Oregon, Ozark, Reynolds, Ripley, Shannon, Texas, and Wright Counties. CCSOMO provides services from the Van Buren location site but primarily meets with clients in their homes.</p> <p>Whole Kids Outreach (WKO) provides services in Carter, Reynolds and Shannon Counties. WKO provides home visiting services to impoverished pregnant teens/women and families with young children in the MO Ozark counties.</p> <p>This is a large coverage area with limited access to transportation. CCSOMO and WKO staff usually travel to the client's home or a community site to meet with families requesting services based on their needs and transportation availability. With two locations available in Region 8, clients with transportation could access these offices. Pregnant women and their families can access most services within a 50-mile radius.</p> <p>Since CCSOMO has offices in Springfield, clients in the western Region 8 counties (Douglas and Wright) could access the Springfield office if they chose to do so. If needed, CCSOMO Case Managers from the Springfield office could also travel to those counties to provide services to clients with limited transportation.</p>	
<p><b>Describe how women initially access service and locate the service location/satellite location.</b></p> <p>Clients can call any of the CCSOMO offices or be referred by other collaborative partners in the local communities including other social service agencies, health care clinics, emergency rooms, churches, food pantries, shelters, etc. Charities of Southern Missouri (CCSOMO) has an office in Van Buren and will serve all the counties in Region 8 under the ATA contract. Whole Kids Outreach (WKO) a sub-grantee has an office in Ellington and will also serve clients in Carter, Reynolds, and Shannon Counties in Region 8. Clients will have the choice as to which agency in the three counties that both agencies cover provides the client's services. Offices are open 9 am-5pm, Monday through Friday, excluding holidays. A 24 hour number is available for emergencies, after hour and weekend calls and a case manager is on</p>	

call to answer and respond to these requests.

Pregnant women and their families can access most services within a 50-mile radius. Most of the clients are referred to the program and can also self-refer. CCSOMO and WKO both have an established network of relationships with local community agencies and organizations including healthcare providers, such as pediatricians and obstetricians, area shelters, county health departments, Division of Family Service caseworkers, WIC, school personnel, VA services, landlords and churches. Many clients in the rural areas do not have access to reliable transportation so often the ATA provider travels to client's home and/or location to provide services. WKO provided access to services in the home to 150 families last year through ATA and other grants. CCSOMO case managers also provided access to services in the home based on client needs. The vendor understands that the decision to access the Alternatives to Abortion Program rests solely with the pregnant woman.

CCSOMO utilizes 211 to list agency services so clients can easily access assistance and locate services locations. The agency also publishes flyers and posts in areas frequented by potential clients listing phone numbers and location sites. Community partners are provided with information on the ATA program as well as other CCSOMO/WKO services so they can make referrals. CCSOMO also receives requests for assistance on the website at ccsomo.org.

Offices are open 9 am-5 pm, Monday through Friday, excluding holidays. A 24 hour number is available for emergencies, after hour and weekend calls and a case manager is on call to answer and respond to these requests.

#### **GEOGRAPHIC REGION 9**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the service location:	Broadway Plaza Office-937 Broadway Suite 305, Cape Girardeau MO Sikeston Office-205 W Malone, Suite B, Sikeston MO 63801
Identify the satellite location(s)	Poplar Bluff Office -2701 Holly Trails Unit A, Poplar Bluff, MO 63901

#### **Describe the geographic proximity of the services being proposed to the majority of the clients served.**

Catholic Charities of Southern Missouri can provide ATA services in all the Region 9 counties which include: Bollinger, Butler, Cape Girardeau, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Scott, Stoddard and Wayne.

Whole Kids Outreach (WKO) provides services in Butler, Iron and Wayne counties as well. WKO provides home visiting services to impoverished pregnant teens/women and families with young children in the MO Ozark counties.

With offices in Cape Girardeau, Sikeston and Poplar Bluff, pregnant women and their families can access most ATA services within a 50-mile radius. This is a large coverage area with limited access to transportation. CCSOMO and WKO staff usually travel to the client's home or a community site to meet with families requesting services based on their needs and transportation availability.

#### **Describe how women initially access service and locate the service location/satellite location.**

Clients can call any of the CCSOMO offices or be referred by other collaborative partners in the local communities including other social service agencies, health care clinics, emergency rooms, churches, food pantries, shelters, etc. Catholic Charities of Southern Missouri (CCSOMO) has an offices in Cape Girardeau, Sikeston and Poplar Bluff and will serve all the counties in Region 9 under the ATA contract.

Whole Kids Outreach (WKO) a sub-grantee will serve clients in Butler, Iron and Wayne counties in

Region 9. Clients will have the choice as to which agency in the three counties that both agencies cover provides the client's services.

CCSOMO utilizes 211 to list agency services so clients can easily access assistance and locate services locations. Most of the clients are referred to the program and can also self-refer. CCSOMO's established network of relationships with local community agencies and organizations including healthcare providers, such as pediatricians and obstetricians, area shelters, county health departments, WIC, Division of Family Service caseworkers, school personnel, VA services, landlords and churches are expected to provide a large number of ATA referrals. In Region 9, CCSOMO receives many referrals from the Community Action Agency in southeast Missouri. The agency also publishes flyers and posts in areas frequented by potential clients listing phone numbers and location sites. Community partners are provided with information on the ATA program as well as other CCSOMO/WKO services so they can make referrals. CCSOMO also receives requests for assistance on the website at ccsomo.org.

Offices are open 9 am-5 pm, Monday through Friday, excluding holidays. A 24 hour number is available for emergencies, after hour and weekend calls and a case manager is on call to answer and respond to these requests..

2. For each geographic region proposed, describe the demographic profile of the at-risk population to be served. Describe outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients

#### **GEOGRAPHIC REGION 7**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

##### **Describe the demographic profile of the at-risk population to be served.**

LifeHouse Crisis Maternity Home (ATA Region 7) serves homeless pregnant women and their children under age 5 with safe housing and comprehensive social services. Since opening in 2013, over 70% of the residents met the definition of chronically homeless, over 50% have histories of substance abuse and domestic violence, and over 50% have mental health issues in addition to many other challenges. Referrals to LifeHouse come from many sources including self-referral. Outreach is directed to all in the community with special emphasis on other homeless provider programs like the Rare Breed program for homeless youth, Safe to Sleep (homeless shelter for women), domestic violence shelters, substance abuse treatment centers, churches, the Division of Family Services, courts, and more. Springfield and southern Missouri are less diverse than many communities; however homelessness has no boundaries; CCSOMO and LifeHouse serve all in need. If a client has special cultural diversity needs, we make every effort to meet those needs. CCSOMO and LifeHouse have access to prenatal and postnatal literature in several languages and interpreter services for most languages. CCSOMO receives little grant funding for this much needed program and has relied primarily on donations and fundraisers to provide housing including comprehensive support services to pregnant homeless women and their young children.

Non-residential clients in need of ATA services will be served by the case managers from LifeHouse and the Springfield satellite office. The staff will provide additional ATA support to the counties of Polk, Lawrence, Stone, Taney as well as the Springfield area counties where many have poverty rates that exceed the state average of 15.5% and the impoverished counties have few resources. In Springfield, the free and reduced lunch rate for families with students in R-12 is close to 60%. These counties are served by CCSOMO's Housing Programs and our FSCs/Case managers provide housing related services, disaster case management and general case management to help clients regain sense of hope and achieve self-sufficiency.

##### **Describe outreach strategies for reaching the targeted population.**

CCSOMO's past experience in ATA Regions 8 & 9 show that most clients are referred and since Region 7 will be a new coverage area for CCSOMO, the agency expects this history to continue. Both CCSOMO and LifeHouse Crisis Maternity Home have established a strong network of relationships

with local community agencies and organizations which is the major source of referral. Pregnant teens and women, and/or families are referred by healthcare providers, such as pediatricians and obstetricians, area shelters, county health departments, Division of Family Services caseworkers, WIC, courts, hospitals, school personnel and by word of mouth. Most referrals are received by phone, fax or email. CCSOMO has also established strong partnerships with other social service agencies by being an active member of the Balance of State, Springfield and Joplin area Continuum of Cares and regularly attending the regional housing meetings. Community Action Agencies in the area are already partnering with CCSOMO on other programs and will be contacted and provided information on the ATA program since often families in crisis seek assistance from them. CCSOMO Leadership is a member of the Springfield Impacting Poverty Commission and receives referrals from committee partners. CCSOMO also participates in the Continuum of Care Coordinated Entry process for homeless individuals and families and accepts referrals from both the Springfield Coordinated Entry Coordinating Staff.

Referrals to LifeHouse come from many sources including self-referral. Outreach is directed to all in the community with special emphasis on other homeless provider programs like the Rare Breed program for homeless youth, Safe to Sleep (homeless shelter for women), domestic violence shelters, churches, the Division of Family Services, and more. Springfield and southern Missouri are less diverse than many communities, however homelessness has no boundaries;

To increase awareness of the ATA program, outreach will include face-to-face meetings with possible referral sources such as school counselors and principals, physicians and county health center employees. Information about services will be offered at community events and brochures/flyers distributed to local social service providers. CCSOMO program information will be updated regularly on 211 for potential ATA clients seeking assistance. In addition, CCSOMO staff who are currently doing outreach in all the Region 9 counties for other programs such as SSVF, will distribute information on ATA services as well.

### **GEOGRAPHIC REGION 8**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

#### **Describe the demographic profile of the at-risk population to be served.**

The target population in Regions 8 includes pregnant women and teens, parents, infants, and children residing in the remote, rural areas of the south central Missouri Ozarks, focusing on at-risk groups and families who live in poverty; families with histories of (or on-going) abuse and neglect; pregnant and parenting teens, as well as first-time parents. Children and pregnant/parenting women living in these counties are especially vulnerable to domestic violence and abuse (physical, emotional, sexual, and drug). Additionally, these families have inadequate social support, lack transportation, and have insufficient access to medical care. Their family and community histories are frequently marked by adversities that affect parenting capacity and orientation to the parenting role. Poverty and social isolation place these families at risk of adverse health outcomes resulting from chronic financial strain, poor housing, and decreased access to care. Immobilized by depression and/or feelings of helplessness, many families in these rural Missouri counties feel incompetent to address these issues, which adversely affect their health and place them at extreme risk for poor health outcomes and child maltreatment. In CCSOMO's and WKO's rural service region there is little racial or ethnic diversity. County Health Rankings (2014) show that where we live matters to our health; more than 83% of the service counties fall into the bottom quartile ranking of overall health factors: (<http://www.countyhealthrankings.org/app/missouri/2014/overview>).

#### **Describe outreach strategies for reaching the targeted population.**

Most client are referred to the program. Both CCSOMO and WHO have a network of relationships with local community agencies and organizations which is the major source of referral. Pregnant teens and women, and/or families are referred by healthcare providers, such as pediatricians and obstetricians, area shelters, county health departments, Division of Family Services caseworkers, school personnel and by word of mouth. Most referrals are received by phone, fax or email. CCSOMO has also established strong

partnerships with other social service agencies by being an active member of the Balance of State Continuum of Care and regularly attending the regional housing meetings. Community Action Agencies in the areas will be contacted and provided information on the ATA program since often families in crisis seek assistance from them.

To increase awareness of the programs, outreach will include face-to-face meetings with possible referral sources such as school counselors and principals, physicians and county health center employees. Information about services will be offered at community events and brochures/flyers distributed to local social service providers. Agency Information will be updated regularly on 211 for potential clients seeking assistance. In addition, CCSOMO staff who are already doing outreach in all the Region 8 counties for other programs such as SSVF, will distribute information on ATA services as well.

### **GEOGRAPHIC REGION 9**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

#### **Describe the demographic profile of the at-risk population to be served.**

The target population in Regions 9 includes pregnant women and teens, parents, infants, and children residing in the remote, rural areas of the south eastern Missouri Ozarks, focusing on at-risk groups and families who live in poverty; families with histories of (or on-going) abuse and neglect; pregnant and parenting teens, as well as first-time parents. Children and pregnant/parenting women living in these counties are especially vulnerable to domestic violence and abuse (physical, emotional, sexual, and drug). Additionally, these families have inadequate social support, lack transportation, and have insufficient access to medical care. Their family and community histories are frequently marked by adversities that affect parenting capacity and orientation to the parenting role. Poverty and social isolation place these families at risk of adverse health outcomes resulting from chronic financial strain, poor housing, and decreased access to care. Immobilized by depression and/or feelings of helplessness, many families in these rural Missouri counties feel incompetent to address these issues, which adversely affect their health and place them at extreme risk for poor health outcomes and child maltreatment. In CCSOMO's and WKO's rural service region there is little racial or ethnic diversity. County Health Rankings (2014) show that where we live matters to our health; more than 83% of the service counties fall into the bottom quartile ranking of overall health factors: (<http://www.countyhealthrankings.org/app/missouri/2014/overview>).

#### **Describe outreach strategies for reaching the targeted population.**

Most client are referred to the program. Both CCSOMO and WHO have a network of relationships with local community agencies and organizations which is the major source of referral. Pregnant teens and women, and/or families are referred by healthcare providers, such as pediatricians and obstetricians, area shelters, county health departments, Division of Family Services caseworkers, school personnel and by word of mouth. Most referrals are received by phone, fax or email. CCSOMO has also established strong partnerships with other social service agencies by being an active member of the Balance of State Continuum of Care and regularly attending the regional housing meetings. Community Action Agencies in the areas will be contacted and provided information on the ATA program since often families in crisis seek assistance from them. CCSOMO is currently receiving referrals from DAEOC to assist pregnant women and their families.

To increase awareness of the programs, outreach will include face-to-face meetings with possible referral sources such as school counselors and principals, physicians and county health center employees. Information about services will be offered at community events and brochures/flyers distributed to local social service providers. Agency Information will be updated regularly on 211 for potential clients



seeking assistance. In addition, CCSOMO staff who are currently doing outreach in all the Region 9 counties for other programs such as SSVF, will distribute information on ATA services as well.

3. **For each geographic region proposed, describe the marketing of services.**

For ATA regions 8 & 9, CCSOMO and WKO both have websites and Facebook pages that offer information on available services including ATA and provide contact information for those seeking services. CCSOMO has developed brochures that provide information on CCSOMO current ATA programs: Healthy Moms, Healthy Babies (ATA). The brochures explain the programs and eligibility requirements and provide a phone number to request services by offices (24/7 number). CCSOMO and WKO have a well-established network of providers, including local and regional health providers and county health centers that serve as referrals for the ATA program. In addition, the other programs CCSOMO provides in these areas such as Homeless Prevention, Supportive Services for Veteran Families, and home repairs for low-income families have established partnerships with local social service agencies that provide referrals for the ATA program. CCSOMO's Director of Communications will evaluate other marketing opportunities in the media including possible PSAs, press releases, flyers and attendance at community outreach events. CCSOMO and WKO will also follow any requirements for publicity listed in 2.2.12.14 and receive approval from state agency prior to release of publications to insure inclusion of required information. CCSOMO will list ATA services on the 211 site.

For ATA region 7, a new region for CCSOMO ATA services, the Director of Communications will develop and implement a plan to inform the public and our community partners that the agency will be providing nonresidential ATA services upon contract award. CCSOMO will also follow any requirements for publicity listed in 2.12.14 and receive approval from state agency prior to release of publications to insure inclusion of required information. CCSOMO currently has a brochure for LifeHouse Crisis Maternity Home that explains the residential program for homeless pregnant women and their young children and awareness of this established program continues to grow throughout the community and the region.

**Item Revised by Addendum #1**

4. For each geographic region proposed, identify the site where the Initial Client Intake Assessment will be conducted. Describe how client eligibility will be determined.

<b>GEOGRAPHIC REGION 7</b> <i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i>	
Identify the site where the Initial Client Intake Assessment will be conducted:	Non-residential client assessment will usually be completed in the client's home. If the clients prefer, the office in Springfield can be used for the Initial Client Intake Assessment performed by a credentialed case manager. LifeHouse Crisis Maternity Home Initial Client Intake Assessments are done on-site unless extenuating circumstances such as a pregnant woman currently housed in jail, hospital or treatment center.
Describe how client eligibility will be determined. Following section 2.3.1, the CCSOMO and WKO ATA programs in Regions 8 will most often complete the Initial Client Intake Assessment in the client's home but clients do have a choice. Both CCSOMO and	

WKO also have offices where potential clients could access services including completing the Initial Client Intake Assessment. Following section 2.2.1 thru 2.2.4, the credentialed case manager will assess and determine if the woman meets the ATA eligibility requirements: be a Missouri resident, be at or below 185% of federal poverty level based on the client or family income, pregnant with the intent to carry the unborn child to term, and is not receiving ATA Program services from another provider.

Credentialed case managers will use the following to determine identification and income documentation: utility bills; driver's licenses; pay stubs; written employer statements; and social security benefits statements. The client is no longer eligible to receive ATA services twelve months post-partum. The vendor will maintain documentation of eligibility for a minimum of 5 years for each woman determined eligible for ATA program.

If client meets eligibility requirements and signs a written consent to receive ATA Program services then the client will be admitted to program. Within 24 hours a credentialed case manager will do an individual Initial Client Risk and Needs Assessment and Domestic Abuse Screening to address urgent issues and document risk factors and the services needed to minimize the risk of abortion and to complete the pregnancy. The credentialed Case Manager will complete Post-Partum Depression screenings (6-8 weeks) and reassess eligibility upon the birth of the child.

LifeHouse Intake and Assessment Process follows the information above but also include the following:

LifeHouse conducts an initial screening interview per telephone and determines eligibility based on the information listed above. Then the potential resident meets with the credentialed case manager to discuss admission at LifeHouse, do the Initial Client Risk and Needs Assessment and Domestic Abuse Screening and complete the assessment for eligibility. If a potential resident is unable to meet at LifeHouse due to current circumstances such as residing in substance abuse center, jail, or lack of transportation, staff will make arrangements to meet face-to-face at another location. The results of this process are shared with the core LifeHouse team (LifeHouse Director, Credentialed Case Managers, Program Coordinator, Registered Nurse, and the Licensed Professional Counselor). They meet to discuss resident needs and resources before a resident move-in date is scheduled. LifeHouse residents must be pregnant, homeless, age 18 or older, income below 185% of poverty, Missouri resident and pass a drug screening test to reside at LifeHouse Crisis Maternity Home.

#### **GEOGRAPHIC REGION 8**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the site where the Initial Client Intake Assessment will be conducted:	Assessment will usually be completed in the client's home. If the clients prefer, the offices in Van Buren or Ellington can be used for the Initial Client Intake Assessment performed by a credentialed case manager.
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#### **Describe how client eligibility will be determined.**

Following section 2.3.1, the CCSOMO and WKO ATA programs in Regions 8 will most often complete the Initial Client Intake Assessment in the client's home but clients do have a choice. Both CCSOMO and WKO also have offices where potential clients could access services including completing the Initial Client Intake Assessment. Following section 2.2.1 thru 2.2.4, the credentialed case manager will assess and determine if the woman meets the ATA eligibility requirements: be a Missouri resident, be at or below 185% of federal poverty level based on the client or family income, pregnant with the intent to carry the unborn child to term, and is not receiving ATA Program services from another provider.

Credentialed case managers will use the following to determine identification and income documentation:

utility bills; driver's licenses; pay stubs; written employer statements; and social security benefits statements. The client is no longer eligible to receive ATA services twelve months post-partum. The vendor will maintain documentation of eligibility for a minimum of 5 years for each woman determined eligible for ATA program.

If client meets eligibility requirements and signs a written consent to receive ATA Program services then the client will be admitted to program. Within 24 hours a credentialed case manager will do an individual Initial Client Risk and Needs Assessment and Domestic Abuse Screening to address urgent issues and document risk factors and the services needed to minimize the risk of abortion and to complete the pregnancy. The credentialed Case Manager will complete Post-Partum Depression screenings (6-8 weeks) and reassess eligibility upon the birth of the child.

#### **GEOGRAPHIC REGION 9**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the site where the Initial Client Intake Assessment will be conducted:	Assessment will usually be completed in the client's home. If the clients prefer, the offices in Cape Girardeau, Sikeston or Poplar Bluff can be used for the Initial Client Intake Assessment performed by a credentialed case manager.
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#### **Describe how client eligibility will be determined.**

Following section 2.3.1, the CCSOMO and WKO ATA programs in Regions 8 will most often complete the Initial Client Intake Assessment in the client's home but clients do have a choice. Both CCSOMO and WKO also have offices where potential clients could access services including completing the Initial Client Intake Assessment. Following section 2.2.1 thru 2.2.4, the credentialed case manager will assess and determine if the woman meets the ATA eligibility requirements: be a Missouri resident, be at or below 185% of federal poverty level based on the client or family income, pregnant with the intent to carry the unborn child to term, and is not receiving ATA Program services from another provider.

Credentialed case managers will use the following to determine identification and income documentation: utility bills; driver's licenses; pay stubs; written employer statements; and social security benefits statements. The client is no longer eligible to receive ATA services twelve months post-partum. The vendor will maintain documentation of eligibility for a minimum of 5 years for each woman determined eligible for ATA program.

If client meets eligibility requirements and signs a written consent to receive ATA Program services then the client will be admitted to program. Within 24 hours a credentialed case manager will do an individual Initial Client Risk and Needs Assessment and Domestic Abuse Screening to address urgent issues and document risk factors and the services needed to minimize the risk of abortion and to complete the pregnancy. The credentialed Case Manager will complete Post-Partum Depression screenings (6-8 weeks) and reassess eligibility upon the birth of the child.

5. **For each geographic region proposed, provide a detailed description of the case management process. Identify the hours of service, including emergency coverage outside of business hours and weekends.**

#### **Regions 7, 8 and 9 ATA non-residential services**

Most of ATA services will be provided by a credentialed case manager to the client. The purpose is to manage the identified service needs of the client in order to minimize the likelihood of abortion and improve the pregnancy outcomes. (2.3.1 b) Case managers will knowledge and experience will provide

prenatal parent education and parenting skills with training including the mandatory topics which are important to achieving the expected outcomes. Additional topics in responsible paternity education will also be provided.

The Individualized Pregnancy Continuation Plan (IPCP) will be developed by the credentialed case manager and client working together during the first 1-3 home visits and within ten days of the client's admission to the program to identify needs and services that will increase the likelihood of success in reaching client outcomes. The Individualized Risk and Needs Assessment and the Domestic Abuse Screening (conducted by professional case manager) are considered in this process and urgent issues addressed. IPCP includes specific measurable objectives, timelines, and strategies for client education and identification of necessary additional services and referrals as well as outcome goals for referrals. This client centered plan will guide the case management process over the duration of the pregnancy and will continue for one year post-partum. The plans are strengths based and results from screening tools such as the Ages and Stages Questionnaire (ASQ), Kotelchuck (adequate prenatal care) and Arizona Self-Sufficiency Matrix will be used to identify needed goals and objectives. The plans will be reviewed and updated with the client at each subsequent visit, at least every thirty days, and changes documented within the client record and plan. The focus of the plan is to provide education and access to additional services that allows the client to continue the pregnancy and leads to healthy outcomes, nurturing families, and a path to self-sufficiency. Case managers provide access or referral for services including housing, job training, education and employment in addition to assisting client in accessing and applying all mainstream benefits such as MO HealthNet, SNAP, child care assistance, WIC or LIHEAP. Credentialed case manager will continue to assess the client for domestic violence and safe sleep environment for client's infant, provide education on the 2011 American Academy of Pediatrics Recommendations and a professional will complete the EPDS.

In addition, the case managers under the supervision of Case Management Supervisors will meet the requirements in section 2.4 including record maintenance. This lists the demographic data required in case files, and additional case file requirements which include a description of client services provided, date and time of service, receipts for all goods or services and documentation of all referrals and applications.

Case manager must record the information from: Client Intake Form within 5 working days of completing the eligibility and initial client intake assessment; Postpartum depression screening within 10 days of completion of EPDS; Pregnancy outcome recorded within 7 days of delivery or no longer pregnant; and discharge documentation within 7 days of no longer eligible or client elects to discontinue participation. (2.4.3 e) The Case Management Supervisor must conduct monthly review of the case files including: minimum of one case file per worker; document corrective action for incomplete findings and case file reviews must be documented and retained in the case file.

CCSOMO Offices are open 8 am-5 pm, Monday through Friday, excluding holidays. Case managers will schedule evening and weekend appointments if needed. A 24 hour number is available for emergencies, after hour and weekend calls and a case manager is on call to answer and respond to these requests.

Whole Kids Outreach hours of service are Monday through Friday, 9 am-5 pm. The Outreach Specialists and RNs do, however, make exceptions to accommodate families' schedules, when possible. Additionally, each home visitor carries a company cell phone and they are available for emergencies.

### **Region 7 Residential clients**

LifeHouse case managers will follow the process listed above for non-residential clients with a few differences. The LifeHouse Individualized Pregnancy Continuation Plan is created with the resident within a week of admission to the transitional housing program and updated on a weekly basis. The LifeHouse registered nurse, LPC and credentialed case managers work closely with the resident to meet goals and comply with optimum care. Both the case management and the nurse's office are located within

LifeHouse for easy and frequent access. LifeHouse partners with local social service agencies to provide additional services and resources such as Parents as Teachers and Early Head Start, which meet with residents on-site.

<b>Item Revised by Addendum #1</b>
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6. **For each geographic region proposed, provide a preliminary list and description of all prenatal and parenting education courses provided by your organization. Indicate the source of the course material taught in each class and identify where each of the required educational components identified in paragraph 2.3.1 c. of the RFP are covered.**

### **Regions 7, 8 and 9 Non-Residential Services (CCSOMO)**

#### **PRENATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING**

##### **Mandatory Topics Curriculum**

CCSOMO has suggested educational curriculum for case managers to follow based on stages of pregnancy and post pregnancy. The sequence of delivery may vary based on what stage the client is enrolled into services.

##### **Stage 1: Early Stages of Pregnancy or soon after being enrolled**

- ***Importance of taking folic acid in the prevention of neural tube defects:*** Understanding Pregnancy (InJoy Birth and Parenting Education Series); Be Ready for Baby (Missouri Department of Health and Senior Services); Take Folic Acid Everyday (March of Dimes); Planning for a Baby (Missouri Department of Health and Senior Services). This topic is addressed very early when the client is enrolled in services.
- ***Use of substances during pregnancy including alcohol, tobacco and other drugs:*** Understanding Pregnancy (InJoy Birth and Parenting Education Series); Fetal Alcohol Exposure (National Institute of Alcohol Abuse and Alcoholism); Street Drugs and Pregnancy (March of Dimes); Tobacco, Alcohol, Drugs, and Pregnancy (The American College of Obstetricians and Gynecologists); Fetal Alcohol Syndrome (Child Birth Graphics).
- ***Importance of prenatal care:*** Understanding Pregnancy (InJoy Birth and Parenting Education Series); Prenatal Care: 2nd Trimester Visits (Mayo Clinic); Understanding Birth (InJoy Birth and Parenting Education Series)
- ***Nutrition and healthy eating:*** Understanding Pregnancy (InJoy Birth and Parenting Education Series);
- ***Providing training for the father:*** The Dad Difference, Vol. 1; Baby Basics (InJoy Birth and Parenting Education Series); The Dad Difference, Vol. 2; Involved from the Start (InJoy Birth and Parenting Education Series). Fathers are included in all aspects of training based on availability

##### **Stage 2: Late Stages of Pregnancy**

- ***Safe sleep for infants following the 2011 American Academy of Pediatrics Recommendations:***
- ***Breastfeeding:*** Better Breastfeeding video and book (InJoy Birth and Parenting education Series).; A Parent's Guide to Safe Sleep (The Office of Child Care and the Maternal and Child Health Bureau); A Safe Sleep Environment for Infants (Mayo Clinic); AAP Releases New Guidelines on Preventing IDS (American Family Physician)
- ***Immunizations:*** Vaccinations (Missouri Health Services); Keeping Your Baby Safe and Healthy (Missouri Department of Health and Senior Services and Bureau of Genetics and Healthy Childhood); Your Baby and Vitamin K (Center for Disease Control and Prevention)
- ***Shaken baby syndrome:*** Never Shake: Preventing Shaken Baby Syndrome (Children's Trust Fund); Shaken Baby Syndrome DVD (Department of Health and Senior Services); Preventing Shaken Baby Syndrome (Center for Disease Control and Prevention)
- ***Car seat safety:*** Proper Use and New Child Restraint Laws (Department of Transportation)

##### **Stage 3: Post-Delivery**

- **Preconception care and birth spacing:** Getting Pregnant (Mayo Clinic); Planning for Pregnancy (Center for Disease Control and Prevention); It all Counts, Planning for a Baby (Missouri Department of Health and Senior Services and Bureau of Genetics and Healthy Childhood);
- **Cognitive skills, motor skills, valuing, and comforting of the infant training:** Newborn Care: A Guide to the First Six Weeks (InJoy Birth and Parenting Education Series); Safety Starts at Home: The Essential Childproofing Guide (InJoy Birth and Parenting Education Series)

*\*Clients are routinely referred to County Health Department for WIC and education, Building Blocks, and Parents as Teachers.*

### **Region 8 & 9 (Whole Kids Outreach)**

WKO's Healthy Families America utilizes the evidenced based Growing Great Kids and Growing Great Families curriculum, for in which all HFA staff are certified. The curriculum has teaching manuals and parent handouts for: Prenatal; Birth to 12 months; 13 – 24 months; and 25 – 36 months. (<http://www.greatkidsinc.org/>). See attached lists of curriculum content. The HFA program also utilizes the Tackling Tough Skills curriculum created by Missouri University Extension.

The Maternal-Child Nursing program RN's utilize their professional training and the Nurses for Newborns model. Other resources, which are commonly utilized, are: Children's Trust Fund Shaken Baby, Choking, and Safe Sleep.

All of the educational components from paragraph 2.3.1 c are covered by utilizing the Healthy Families America and Nurses for Newborns models, as well as the Growing Great Kids curriculum and RN professional training.

### **Region 7 (LifeHouse Crisis Maternity Home-Residential Services)**

**Postpartum depression screening:** The Edinburgh Postnatal Depression Screening Scale is used to assess for postpartum depression at 2, 4, and 6 weeks postpartum by the LifeHouse nurse. It is often times used prenatally also to assess for depression and to establish a baseline. Results are shared with the Lifehouse licensed professional counselor. Education is provided about baby blues, postpartum depression and postpartum psychosis during the New Beginnings classes and during one on one sessions with the Lifehouse nurse. Written information is provided in the "A New Beginning" (by Moran and Kallam) booklet provided to each resident after delivery. This booklet has a comprehensive collection of information about postpartum care and newborn care. Information is also provided in the healthcare module 9.1, "Postpartum: From Pregnant to Parent" in the Earn While You Learn Series. The resident views the DVD "More Than Baby Blues" and completes the questions and reads additional information provided. The LifeHouse nurse reviews this information with the client at their one on one meetings. Residents are instructed to ask for help or to speak up if they ever have thoughts of harming themselves or their baby. Referrals would be made to outside professional mental health providers as needed.

**Safe Sleep:** Education is provided during the prenatal period with a DVD produced by the Dept. of Health & Senior Services during one on one meetings with the LifeHouse nurse. It is also discussed during our New Beginnings classes at LifeHouse along with a demonstration of how to swaddle a baby and a discussion of how to dress a baby for sleep. Each resident is assigned healthcare module 3.4 "Reducing the Risk of SIDS" in the Earn While You Learn Series. The resident views the DVD "Safe Sleep For Your Baby Right From the Start", she then answers written questions in the module and reads additional information in the module. The LifeHouse nurse reviews this information with the resident at their one on one meetings. A laminated door hanger is placed in the resident's room with safe sleep practices on it upon the birth of their baby. Guest speakers are scheduled quarterly to present information about safe sleep and the risks of SIDS. Each resident is given a sleep sack when their baby is born. The comprehensive newborn care and postpartum book, "A New Beginning" (by Moran & Kallam) is given to each resident upon delivery of their baby. Safe sleep is covered in this book as well. Safe sleep checks are performed nightly at LifeHouse. The LifeHouse nurse also educates staff about safe sleep practices.

**Breastfeeding:** The LifeHouse nurse goes over a comprehensive power point presentation about breastfeeding with each resident during the prenatal period, breastfeeding is discussed in the New Beginnings classes at LifeHouse, there are 6 healthcare modules from the Earn While You Learn series

that are assigned during the second and third trimesters about breastfeeding. These include modules 8.2, "Breastfeeding Your Baby", 10.1, "Goals and Benefits of Breastfeeding", 10.2, "Techniques and Good Latch", 10.3, "Getting Enough Milk", 10.4, "Growth Spurts & Essentials", & 10.5, "Returning to Work". The DVD's used with these modules include: "Baby Talk", "Simply Breastfeeding", and "Breast pumps and Briefcases" as well as brochures entitled, "Why Breastmilk is Best", "How To Breastfeed", "Breastfeeding Problems", and "Formula Feeding". The residents view the DVD and read additional information in the brochure and module and then answer questions in the module. This information is reviewed with the LifeHouse nurse at one on one meetings. Residents do a return demonstration with a doll on different breastfeeding positions. Written information is provided with March of Dimes resources. Residents are encouraged to meet with the lactation consultant at the hospital where they are delivering. Books are available to check out from the nurse's office about breastfeeding. Breastfeeding is discussed at length in the "A New Beginning" (by Moran and Kallam) book that is given to each resident when their baby is born. Residents are given resources in the community for breastfeeding support groups. LifeHouse has volunteer lactation consultants that are willing to visit with residents who are having questions or problems with breastfeeding. Most residents have a doula who is also very helpful with breastfeeding. In the newborn period, the LifeHouse nurse works closely with the mothers to help establish good breastfeeding practices. Breastpumps are made available to residents as needed. Facilities are available to store both refrigerated and frozen breastmilk. The LifeHouse nurse works closely with the pediatricians when there are concerns about feeding, jaundice, etc.

**Importance of folic acid:** Information is provided during the 1<sup>st</sup> and 2<sup>nd</sup> trimesters of pregnancy. Written brochures and pamphlets from the March of Dimes are used. Nutrition information is provided in a variety of ways, see below. Folic acid information is included with nutrition education. Folic acid information is also available through educational DVD's from the March of Dimes. Healthcare module 1.3, "Eating for Two", in the Earn While You Learn Series includes information on the importance of folic acid during pregnancy. Residents watch the DVD "Understanding Pregnancy" and read additional information in the module. They answer questions in the module. This information is reviewed with the LifeHouse nurse in their one on one meetings. Residents are encouraged to continue taking folic acid after their baby is born and throughout their childbearing years. Folic acid is available to all LifeHouse residents in our medication cabinet.

**Use of substances during pregnancy:** There is a no tolerance policy of alcohol and substance abuse at LifeHouse. If a potential resident has a recent history of substance abuse, they are referred to a treatment center to complete an inpatient program before entering LifeHouse. After an inpatient program is completed, the resident enrolls in a continued outpatient program while at LifeHouse. All residents are assigned healthcare module 2.3, "What's Safe, What Isn't". Residents view the DVD "Understanding Pregnancy" and answer written questions in the module. The information is reviewed with the LifeHouse nurse at their one on one meetings. Smoking is not permitted on the LifeHouse campus, nor are cigarettes allowed to be kept on campus. If a resident is a smoker, they are given information on the harmful effects of smoking to themselves and their unborn baby. Various resources are used, including from the March of Dimes and the American Lung Association. The March of Dimes program "You Can Quit" is often used. As well as, "Smoking Makes Me Ugly" interactive program. All residents that smoke are assigned healthcare module 2.1, "Smoking and Your Developing Baby", from the Earn While You Learn Series. They view the DVD, "Stop Smoking Now" and read additional materials in the module. They are encouraged to pick a date to stop smoking. Residents answer questions in the module. This information is reviewed with the LifeHouse nurse when they meet with her individually. They are also taught about the harmful effects of second and third hand smoke. In addition to resources at LifeHouse, they are scheduled to attend smoking cessation classes with community agencies specializing in this.

**Importance of prenatal care:** Homeless, pregnant women often have not established prenatal care upon admission to LifeHouse. Residents are given a referral by the LifeHouse nurse and are expected to set up an appointment within the first week of residence. All LifeHouse residents have an obstetrician who provides her prenatal care. The LifeHouse nurse tracks the resident's appointments with their obstetrician. She also often attends OB appointments with the resident when there are concerns or special needs. Information is provided about what to expect at the prenatal appointments, screening and testing that will occur during the prenatal period. The nurse discusses findings from prenatal testing with the resident. Healthcare module 1.2, "Prenatal Care", in the Earn While You Learn Series discusses prenatal care. The resident watches the DVD "Understanding Pregnancy" and answers the questions in the

module. Additional written information is provided in the module as well. This information is reviewed with the LifeHouse nurse at their one on one meetings. Residents are given information on when to call the doctor for specific warning signs during pregnancy. Written information is also provided to residents from the March of Dimes. Information about preterm labor is presented to all LifeHouse residents at several meetings with the LifeHouse nurse. Residents here are at high risk for preterm labor due to their medical, social, and economic histories.

**Immunizations:** All LifeHouse residents must be up to date on their immunizations and have a flu shot during flu season. This includes children and infants over the age of 6 months. The LifeHouse nurse tracks all of this information. Residents are given information about childhood immunizations before their child receives them. This includes what the recommended schedule is and what the immunizations protect against. Written information is provided with March of Dimes brochures. The LifeHouse nurse provides cards for residents to record their child's immunizations on if needed. Immunizations are also covered in the "A New Beginnings" (Moran and Kallam) booklet provided to each resident when their baby is born.

**Shaken Baby Syndrome:** This topic is covered in our New Beginnings classes as well as during one on one meetings with the LifeHouse nurse. Residents also view a DVD published by the Dept. of Health and Senior Services about Shaken Baby Syndrome. All residents are assigned healthcare module 8.5, "Shaken Baby Syndrome", from the Earn While You Learn series. The resident watches the DVD "Portrait of Promise" and reads the additional information in the module. The resident then answers questions in the module. This information is reviewed with the LifeHouse nurse in their one on one meetings. Occasionally we have guest speakers present on the topic as well and bring an electronic doll which demonstrates what shaking a baby can do to their brains. Shaken Baby Syndrome is also covered in "A New Beginning" (Moran & Kallam) provided to each resident when their baby is born.

**Car seat safety:** Residents are expected to complete healthcare module 7.3, "Car Seat Safety", in the Earn While You Learn series about car seat safety. Residents view the DVD "Simple Steps to Child Passenger Safety" and read additional information in the module. The resident then answers questions in the module. This information is reviewed with the LifeHouse nurse at their one on one meetings. Car seat safety is included in the New Beginnings classes as well. Quarterly presentations are made at LifeHouse by a local hospital's safe kid's program about car seat safety for infants and children. Residents are informed about never leaving a child alone in a car. Written information is provided about car seat safety as well. Residents are given information about having their car seat inspected to see if it is installed & adjusted properly by organizations in the community. The LifeHouse nurse is able to check for recalls on the resident's car seats. This information is also provided to residents and LifeHouse staff. The nurse also makes sure each child has a car seat. If a resident does not have a car seat for their newborn, they are instructed on how to get one at the hospital. Car seat safety is also covered in the "A New Beginning" (Moran & Kallam) booklet distributed to each resident when their baby is born.

**Nutrition and healthy eating:** LifeHouse has purchased the "Eating Smart, Being Active" pregnancy nutrition program produced by the University of Colorado. We are fortunate to have a volunteer dietician/nutritionist that presents this information every couple of weeks to our residents. The format for these classes is discussion, question and answer, as well as "hands-on" in the LifeHouse kitchen preparing recipes that apply to the lesson. Topics in this program include: Pregnancy & Nutrition, Plan Shop Save, Fruits and Vegetables, Grains, Building Strong Bones, Go Lean with Protein, Make a Change, and Feeding Babies. In addition to this program, residents are assigned healthcare module 1.3 from the Earn While You Learn series, "Eating for Two". Residents view a DVD "Understand Pregnancy" and read additional information in the module. They answer questions in the module and review this with the LifeHouse nurse at their one on one meetings. Additional written nutrition information is provided with March of Dimes materials. Nutrition is also covered in the "A New Beginning" booklet by Moran and Kallam that is distributed to each resident when their baby is born. Resident's weight is monitored at each meeting with the LifeHouse nurse. Inservices are provided at house meetings occasionally about various nutrition topics such as the use of energy drinks, staying hydrated during hot summer weather, and other timely appropriate topics. This information is presented by the LifeHouse nurse who researches the topic and uses current evidence based research findings.

**Preconception care and birth spacing:** After a resident has delivered, she is encouraged to discuss with her obstetrician her plan for birth spacing of her children. Together, they come up with a plan of care. The LifeHouse nurse also presents information from the Focus on Fertility program which is produced by



Heartbeat International. This program includes information on how to use the natural family planning method. The resident views portions of the DVD "Focus on Fertility" with the nurse. The resident answers questions provided with the program. Together, the nurse and resident discuss her answers. Residents are encouraged to continue taking folic acid after their pregnancy throughout their childbearing years in order to help prevent neural tube defects in subsequent pregnancies.

New Beginnings class is a 7 week series of classes on taking care of a newborn. They last approximately 1 hour in length for each session. Class 1 includes being a new parent, taking care of yourself, caring for a crying baby. This class includes Shaken Baby Syndrome. Class 2 covers what to expect, is this normal. Normal newborn features and behaviors. Included are bathing, dressing and diapering tips. Class 3 is an in depth look at breast and bottle feeding. Formula preparation and storage, bottle sanitation. Class 4 includes infant sleep and SIDS prevention. Safe sleep practices are included. Safety around the house is addressed. Class 5 addresses infant health, when to call the pediatrician. Class 6 includes infant and child first aid. Class 7 is infant and child CPR and choking.

7. **For each geographic region proposed, describe each of the services specified in section 2.3.2 of the RFP. Explain the service delivery system including any referral network and referral plan. Describe the cultural competency of providers.**

#### **Region 8 & 9**

CCSOMO and Whole Kids Outreach staff are all members of their local community and have established networks with other organizations that can provide additional client services listed in the RFP. The ATA Whole Kids Outreach staff are all members of the local community, with the shortest period of time living in the service area being 18 years. During each home visits, families will be assessed for needs that would support the mothers' ability to deliver a healthy newborn, as well as care for him/her and any other children. Clothing, food, housing/rent assistance, utilities, and transportation to medical and/or social services will be provided if no community resource can be identified and accessed. In addition, WKO will support mothers and fathers to continue and/or complete at least a high school degree or GED, as well as promote skills necessary for gainful employment. The home visitors will assist parents to secure child care when needed, if available.

Members of the referral network used by CCSOMO and WKO include: Saint Francis Medical Center, Mercy, Community Counseling Center, Bootheel Counseling Services, Head Start, East Missouri Action Agency, Delta Area Economic Opportunity Council, South Central Missouri Action Agency, Birthright, Case Guadalupe, Whole Health Outreach, Family Counseling Center, local VoTech schools, local food pantries, physicians and clinics, shelters, school counselors, landlords, and more.

**In Region 7**, Mercy, Freeman Health System, Jordan Valley Community Health Center and Cox Health are the primary provider of medical health services. Burrell Behavioral Health provides extensive mental health services throughout this region. CCSOMO collaborates with Economic Security and Ozarks Area Community Action Corporation, in assisting clients with housing and utility needs. The Kitchen, Rare Breed, Safe to Sleep, Salvation Army provide emergency shelter and Lafayette House and Harmony House are domestic violence shelters. In Branson, CCSOMO receives referrals from Jesus Was Homeless and also sends referrals in that area to their job training program. CCSOMO

CCSOMO is currently providing Homeless and Homeless Prevention services, Supportive Services to Veteran Families, Home Repair, Disaster Case Management, Targeted Case Management for the Developmentally Disabled, HUD certified Housing and Financial Counseling, and ATA services in many of the counties in these three regions. Referral networks have been established and collaborative planning to address local and regional issues occurs through the Regional Housing meetings lead by MHDC and other local coalitions of which CCSOMO is a member.

#### **Regions 7, 8 & 9**

**Prenatal Care**-case managers assist client in completing enrollment in MO HealthNet and accessing local physicians who are accepting new patients. Both CCSOMO and Whole Kids Outreach have established

relationships with local obstetricians, pediatricians and health centers. CCSOMO will continue to expand this referral network in counties that have had lower ATA referrals.

Medical Care-Assist client in finding a licensed provider to meet client needs. This includes current referral physician network, health departments, medical clinics, VA benefits including health care.

Mental Health Care-Case managers assist in finding appropriate mental health counseling and treatment. Referrals to Burrell Behavioral Health, Community Counseling, Bootheel Counseling, and Family Counseling can be made as well as the St. Francis Medical Care, Ozark Medical Center and Mercy systems. Additional outreach and relationships will be made to increase access to providers.

Newborn or Infant Medical Care- case manager will assist client in accessing medical care by a licensed medical provider for the infant in the 12 months after delivery. CCSOMO and WKO have established relationships with local pediatricians and family practitioners.

Adoption Assistance-Case manager provide the client with information on local and regional adoption services and also connect with Legal Services of Southern Missouri and affiliates.

Child Care- Assist client in applying for child care services through the Department of Social Services. CCSOMO and WKO may provide services until the determination or denial letter sent. Also assist with other possible child care services including HeadStart and Early Headstart.

Clothing-Contractor will provide. Also have referral agencies who can provide clothing.

Domestic Abuse Protection-Agencies have established relationship with legal aid services throughout southern Missouri to assist client with order of protection, and also provide transportation and possible assistance with safe shelter including Case Guadalupe, Harmony House, House of Hope and Christos House. Also CCSOMO has homeless and homeless prevention assistance programs that can provide housing to those fleeing domestic violence.

Drug and Alcohol Testing and Treatment-CCSOMO and WKO case managers have established relationships with providers and if the need identified ensure provision of services.

Educational Services- Both agencies have access to programs to assist clients in completing their GED. Missouri Career Center for job training, workforce development programs, Vocational rehab, and local community colleges are available to ATA clients. (MSU West Plains, Three Rivers Community College) Funding for educational services is only available while an ATA client.

Food-Agencies and case managers ensure the client is provided food through SNAP and WIC enrollment. CCSOMO and WKO can assist in all the enrollment applications.

Housing-CCSOMO is currently providing housing search and stability case management services in Region 8 & 9 through many of its current programs that may be able to be leveraged with ATA funding so clients are safely housed. ATA funding can provide up to 3 months of assistance within a 12 month period not to exceed \$600/month per client. Relationships have been established with landlords, emergency shelters (examples: The Martha Vance Samaritan Outreach Center, the Kitchen, Rare Breed), domestic violence shelters, (Case Guadalupe, Harmony House, House of Hope and Christos House) and Community Action Agencies including OACAC, East Missouri Action Agency, Delta Area Economic Opportunity Council and South Central Missouri Action Agency. LifeHouse Crisis Maternity Home in Region 7 will take referrals from ATA Regions 8 & 9 if residential and wrap around services are needed for clients over 18, and their young children under age 5.

Utilities-Can provide client with up to 3 months of assistance in a 12 month period only after attempting to assist can in accessing LIHEAP utility assistance.

Job Training- Work with Missouri Career Center, Workforce Development, VocRehab,

Supplies-Case managers can purchase supplies needed by the client related to pregnancy, newborn care and parenting such as Pack N'Play, diapers etc.

Transportation-Medical access transportation if available through Medicaid will be utilized to keep medical appointments for client and or client's child. Bus passes if available, provided to meet employment and training needs.

Ultrasound service- Case manager assist in accessing services ordered by licensed health care provider and certified technician.

Other services -can be provided by case manager after receiving state agency approval. Additional client services provided to assist client in carrying the unborn child to term, caring for the client's dependent children, services for placing child for adoption, or assisting in becoming self-sufficient. Include payments for vehicle insurance or repairs. Payments toward a client's auto loan up to \$400/month for three months in a 12 month period.

Springfield and southern Missouri are less diverse than many communities; If a client has special cultural diversity needs, we make every effort to meet those needs. CCSOMO and LifeHouse have access to prenatal and postnatal literature in several languages and interpreter services for most languages. An interpreter service is available to the agency and provides assistance in over 50 languages. In addition, CCSOMO has staff that can speak and interpret in Spanish, Russian and one Chinese dialect.

8. **For each geographic region proposed, describe how your proposed program will provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.**

WKO will deliver the ATA services through home visits. CCSOMO ATA credentialed case managers will deliver holistic, individualized, family strengthening case management services to clients to support the healthy care of children in the home. Services will be delivered in the home or at the LifeHouse Crisis Maternity Home. Families will be assessed for needed supports, including parent education, financial literacy and budgeting, employment, housing and medical/social service needs. ATA case managers will either provide the needed resources (e.g., food, diapers, furniture) or teach parents to how to obtain needed items through community resources such as WIC and diaper banks. Case managers will ensure that each mother and child has an appropriate medical provider and transportation to access services when needed.

9. **For each geographic region proposed, describe how your proposed program will help to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.**

By creating trusting, compassionate and professional relationships with families, ATA case managers will encourage parents to complete at least their high school education (or GED) and when possible, post high school training/education. Utilizing motivational interviewing, strengths based curriculums, and trauma informed care techniques, case managers can assist parents in identifying barriers to their success and teach problem solving skills so they can overcome the barriers such as lack of employment, mental health issues, transportation, childcare or very limited financial resources. WKO's case managers utilize portions of the Tackling Tough Skills curriculum to help teach parents employment readiness skills. The Growing Great Families curriculum also has modules that address the skills needed to form and nurture positive adult relationships.

10. **For each geographic region proposed, describe how your proposed program will reduce the incidence of future out-of-wedlock pregnancies. Include your program's annual numerical goals for preventing and reducing the incidence of these pregnancies.**

All of WKO's and CCSOMO clients are pregnant when they are referred. During the course of in-home services, residential services or meetings in the offices, parents are taught about the positive effect on children who are raised in two parent families, especially when the parents are married. WKO uses The Growing the Great Kids and which has a specific module dedicated to this issue. The WKO nurse and HFA home visitors, CCSOMO credentialed case managers, the LifeHouse nurse, all teach parents the benefits of birth spacing to both infant and mother. In addition, the LifeHouse LPC conducts individual and group counseling sessions on self-esteem and building healthy relationships.

11. **For each geographic region proposed, describe how your proposed program will encourage the formation and maintenance of two-parent families.**

When ATA credentialed and non-credentialed case manager are providing in-home services, residential services or meetings in offices, parents are taught about the positive effect on children who are raised in two parent families, especially when the parents are married. WKO utilizes The Growing Great Kids curriculum has modules on positive adult relationship skills, CCSOMO case managers also cover this topic in when working with fathers and mothers. WKO will utilize the HFA Parent Survey and modules on problem solving to encourage parents to intentionally nurture their relationships. The LifeHouse LPC

conducts individual and group counseling sessions on self-esteem and building healthy relationships so women learn about the formation of healthy relationships including two-parent families.

12. **Organizational Chart - The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.**

- **The organizational chart should outline the team proposed for this project and the relationship of those team members to each other and to the management structure of the vendor's organization.**

The Organizational chart on page 20, outlines the relationship of the CCSOMO leadership and ATA team including sub-contractor Whole Kids Outreach. The Chart highlights the

13. **Along with a detailed organizational chart, the vendor should describe the following:**

- **How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.**

CCSOMO is the vendor of this contract and the overall responsibility for satisfactory performance is assumed by the agency's Executive Director and ATA leadership team. The ATA leadership team includes the Director of Finance who reviews billings and is responsible for meeting fiscal and auditing obligations. The Director of Administration and PQI (Performance Quality Improvement) provides oversight of all data and outcome measurements to ensure agency and subcontractor are meeting grant requirements. Director of Communications is responsible for marketing and outreach efforts.

The Regional Director and Regional Supervisor, based in Cape Girardeau are responsible for oversight of the day to day ATA program including: services provided by the credentialed and non-credentialed case managers; completing client chart audits; signing timesheets; approval of ATA expenses; and, submission of ATA reports for Regions 7, 8 & 9. The Director of LifeHouse will work closely with the Director in Cape Girardeau to ensure that all requirements listed above are met and reports are submitted accurately and on time. The Regional Director will be the point of contact with Missouri Office of Administration for any questions or concerns.

CCSOMO Regional Director and the Director of Administration and PQI will provide oversight of the WKO program and completely a yearly audit and monthly site review to ensure compliance with contract requirements and performance per sections 2.3 & 2.4 on record maintenance, reporting and evaluation. IWKO leadership and staff will be included in the Webinar training that will be scheduled following release of the contract on changes to the ATA program including monthly chart audits, satisfaction surveys, report dates. In addition, the Federal Funds Requirements will be reviewed section 2.12 with staff and subcontractor to ensure compliance. WKO and CCSOMO supervisors will be trained on all personnel requirements (section 2.10) including background security checks and pre-assignment screenings (section 2.10.3).

- **Total Personnel Resources - The vendor should provide information that documents the depth of resources to ensure completion of all requirements on time and on target. If the vendor has other ongoing contracts that also require personnel resources, the vendor should document how sufficient resources will be provided to the State of Missouri.**

CCSOMO and subcontractor WKO have the ability and resources to meet the contractual requirements on time and on target. Both agencies worked together the past 4 years on the current ATA contract and were successful in providing quality services in regions 8 & 9. With additional

funding under this RFP both agencies could provide services to more potential ATA clients in need. Clients have multiple sites to access services and choice of vendor they use. Both agencies have allocated staff and resources to meet ATA targets. See attached organizational chart.

CCSOMO and subcontractor WKO have experience operating and providing services under multiple contracts and have successfully met grant requirements based on information contained in Exhibit D which shows multiple renewals of contracts/grants/

**14. Economic Impact to Missouri - The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:**

- **Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.**

All services provided by CCSOMO and WKO under this ATA contract will be performed Missouri residents and all agency offices are located within Missouri.

- **Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.**

Most of the ATA services provided by CCSOMO and WKO will be provided in their home because of lack of transportation and the rural areas in Regions 7, 8 & 9. The home visiting model can be applied to the program.

There has been a growing focus on using home visiting programs to improve the health and wellbeing of families, especially in Western societies, and have been shown to be most effective for at-risk families/communities. "The Centers for Disease Control and Prevention's (CDC) task force on Community Preventive Services estimates that up to 43% of US births (approximately 1.7 million) could potentially benefit from receiving home visiting services." (CDC. Task Force on Community Prevention Services, 2003) In Missouri, approximately 50% of the births each year are covered by Medicaid and could potentially benefit from home visitation programs. ".... Home visiting programs have been shown to be cost-effective on a long term basis with respect to cost savings to the society, particularly among at-risk families." (*Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program Needs Assessment*).

The Healthy Families America (HFA) model has been proven to improve birth outcomes, including low birth weight, a problem with tremendous public and personal costs. "When moms enroll in HFA before the third trimester, studies report positive impacts on birth weight and fewer birth complications." The largest long-term rigorous study of Healthy Families America (HFA) to date shows impacts on academic success, with fewer children receiving costly special education services or who are retained in first grade, and more children who show early indicators of school readiness. In multiple studies, parents involved in programs that use the HFA model show significant gains in their education and achieve greater financial security. "Healthy Families America has the potential to achieve community-wide benefits, including intermediate system change, cost savings and long-term impacts on community health." (<http://www.healthyfamiliesamerica.org/home/index.shtml>)

In a recent study sponsored by Duke University, researchers found that "for every \$1 spent on nurse home visiting for newborns, \$3 were saved in healthcare costs. The home visiting program more than paid for itself within the infants' first six months of life." (<https://today.duke.edu/2013/12/homevisit/>)

By providing the described home visiting services, the adult participants will experience a reduction in typical parental stressors, as well as the financial strain of caring for premature/sick children. Partnered with the programs' efforts to assist parents to complete their high school education, improve their employability, and learn to volunteer, the individuals served will become better able to contribute to the economic viability of their community.

**LifeHouse Crisis Maternity Home economic impact to the state of Missouri and Springfield community.**

Lifehouse Crisis Maternity Home provides safe shelter, comprehensive services and access and transportation to community-based resources and prenatal and post-delivery health care services which are critical. Having reliable transportation to prenatal care, as well as accountability to keep appointments is vital to a healthy baby. Without prenatal care, many babies are at higher risk to be born pre-term and have lower birth weights, which leads to a greater risk of a NICU stay and long term disabilities. The average daily cost of NICU care in the United States exceeds \$3,000. The *Chicago Tribune* reports that the average length of stay in the NICU is 27 days. So the average expenditures are nearing \$100,000 per NICU stay. Since opening in December 2013, LifeHouse Crisis Maternity Home has had 31 healthy babies born to high-risk mothers saving the community and state an estimated \$2 million in health care expenses from lack of expected NICU stays and this does not include the possible longer term expenses from babies who might have been born with disabilities.

- **Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.**

CCSOMO Administrative offices, LifeHouse Crisis Maternity Home and a satellite office are located in Springfield, Missouri. CCSOMO has Family Strengthening Centers (offices) located in Cape Girardeau, Sikeston, Van Buren, Joplin and a satellite in Poplar Bluff. In addition, CCSOMO operates a separate office in Cape Girardeau for Targeted Case Management for the Developmentally Disabled in Cape County. CCSOMO operates a Donation Center and Thrift Store called GoodFinds in Joplin, and rents a warehouse for building materials for CCSOMO's home repair and rebuilding program, "Rebuilding Homes. Rebuilding Lives." CCSOMO employs over 76 employees throughout southern Missouri. The agency also utilizes volunteers on many of the home repair and disaster recovery projects and they donate time and often materials to these projects. CCSOMO's 2016-2017 budget is \$5,661,334. .

**Item Inserted by Addendum #1**

15. For each geographic region proposed, the vendor should indicate the estimated number of clients the vendor anticipates serving annually for non-residential services and residential care services.

GEOGRAPHIC REGION	ESTIMATED ANNUAL NUMBER OF NON-RESIDENTIAL CLIENTS TO BE SERVED	ESTIMATED ANNUAL NUMBER OF RESIDENTIAL CARE CLIENTS TO BE SERVED
1		
2		
3		
4		
5		
6		
7	20	18
8	35	
9	45	

**EXHIBIT G****IMPLEMENTATION OR READINESS PLAN**

Implementation or Readiness Plan - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- **Completion Day** should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
- **Assigned Personnel** should be identified by name rather than project title unless such personnel are yet to be hired.
- **Workhours** should indicate that time each assigned person will spend on the specific task.

<b>Task or Event</b>	<b>Completion Day</b>	<b>Assigned Personnel</b>	<b>Work-hours</b>
Begin with the day the state agency authorizes the contractor to proceed with contract services	1	Maura Taylor, Kyle Schott Michele Marsh, Connie Koerner-Bean , WKO and ATA credentialed case managers in regions 7, 8 and 9.	N/A
CCSOMO is currently providing ATA services under amendment 12 in Regions 8 & 9. CCSOMO and WKO will begin offering services under the 2016-2017 contract and continue services under any future renewals	1	ATA staff continue working with previous ATA clients and begin enrolling new clients under the 2016-2017 contract.	ongoing
Expand the services to include Region 7 and LifeHouse Crisis Maternity Home residential services which is already operating and providing shelter and comprehensive support services to homeless pregnant women and young children. LifeHouse Crisis Maternity Home clients who are eligible will be enrolled in the ATA program.	1-2	Michele Marsh, Karen Rice, Julie Partin, Denise Wilkinson	8 hrs each
Outreach to collaborative partners to inform them of contract award and services so they can begin to make referrals. This initially will be done by email.	1	Margaret Hart and Michele Marsh	2hrs
Training of staff on the ATA program and implementation in Region 7. Four hour session.	5	Kyle Schott, Connie Koerner-Bean, Michele Marsh, Margaret Hart	

**EXHIBIT H**  
**CLIENT SCENARIO**

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client scenario described below. The vendor should provide a total price with a price analysis for the client services identified in the narrative.

\* \* \* \* \*

Jessica Smith has recently graduated from high school. She wants to pursue a career as a high school English teacher. She has applied and been accepted as an incoming freshman at a local college.

Jessica has just learned that she is six weeks pregnant. She does not currently have a job, and her boyfriend, also a recent high school graduate, is also unemployed. They are both 18 years of age and had planned to get an apartment together. Neither one of them has monetary support from their families.

Jessica currently lives 15 miles from the contractor's service location, but does not have a vehicle. If she continues with her higher education plans at the local college, she will be 30 miles away from the local college. She has contacted your organization and is unsure of her decision to parent or adopt.

**Narrative:**

Jessica Smith contacts the office (CCSOMO or WKO). Jessica requests information about the ATA program and a Credentialed Case Manager (CM) visits with her over the phone explaining the program and asking questions to determine eligibility. Jessica states she is six weeks pregnant and just recently graduated from high school. Jessica requests services and the CM opens a client record in the state system and schedules an appointment for a meeting in her home since Jessica does not have transportation. It is confirmed that Jessica is not receiving ATA services from another provider. Jessica is asked to have available at the home visit: a form of identification; documentation of income and Missouri residency; and proof of pregnancy; to determine ATA eligibility.

CM travels to meet with Jessica in her home at the scheduled time. The CM confirms eligibility and Jessica signs a written consent for ATA Services and the client is admitted into the program. As part of the case management process, the CM evaluates if Jessica is eligible for other programs including MO HealthNet Prenatal Case Management, Building Blocks of Missouri or Missouri Community-Based Home Visiting program. The Individual Risk and Needs Assessment (IRNA) and the Initial Client Assessment (IRA) are completed. As planned Jessica is the only one present at this meeting with the CM, so she is assessed for domestic violence. There is not a history. This will be noted in the IRNA plan.

On the initial call Jessica had stated that she is six weeks pregnant and had never applied for public assistance. She explained that she and her boyfriend are 18 and recent high school graduates and both are unemployed. She also stated that they planned to get an apartment together. Jessica shared that she is unsure of her decision to parent or adopt. In anticipation that the IRNA would show a need for possible services including housing depending on her current living situation, the CM brought enrollment applications for SNAP and WIC and plans to assist the client with submitting applications for housing and LIHEAP (utility assistance) if needed. The CM visits with Jessica about her current housing situation and her family's possible support to continue providing her housing. The CM works with Jessica to complete the SNAP and WIC applications if appropriate and will submit via office fax. Jessica is not eligible for health insurance through her parents so CM provides her with the enrollment information and the documents needed to apply for MO HealthNET. If internet is available, the CM will use her laptop to go on-line to <https://myddss.mo.gov> and assist in application process. During the conversation Jessica speaks of her desire to continue her education at the local college and that she may want to consider adoption. CM asks Jessica about the baby's father and his future involvement and possible long term commitment including marriage. CM leaves Jessica materials on adoption and states they can discuss in more



depth at the next meeting. Jessica is given the 24/7 number to contact a case manager in the event of an emergency.

A second meeting at Jessica's home is scheduled within 10 days to develop the Individualized Pregnancy Care Plan (IPCP).

The CM meets with Jessica at her home within 10 days to complete the IPCP which lists Jessica's goals and action steps over the next 18 months and incorporates the IRNA and ICA. This plan will be entered into the state system within 5 days and will include services and also updates. The plan will be based on client's input and includes the initial plan as well as specific measurable objectives, urgent needs, strategies for client education, identification of necessary services and referrals, and outcome goals for referrals. During this second visit and all future visits, the CM will identify ongoing strengths and risk factors and create plans to address the family's needs. Staff will ensure that Jessica is receiving adequate prenatal care, provide regular screens for depression, assess her employment skills, assist her in developing a circle of support and access to community resources and provide appropriate referrals. CM assists Jessica in identifying her concerns: both she and the father are not working; she wants to attend college in fall; she does not have transportation; and she wants to move in an apartment with her boyfriend.

Since the father/boyfriend is involved at this time, the CM suggests and encourages offering paternity education to him, so he is engaged in the fatherhood process. CM also suggests including him in discussions on possible adoption if Jessica would chose this option. If this option is considered, CM can offer referrals to adoption agencies and connections to legal services if needed.

Since Jessica has applied and been accepted to college, the CM will connect her with the college financial aid office to see what funding may be available. ATA education funding may be considered if other options are not available. Funding is only available while enrolled in the program which will end once the baby is 12 months of age roughly 20 months of eligibility.

There is limited or no transportation available in the rural areas where Jessica lives. If Jessica plans on attending college it will be difficult since both she and her boyfriend do not have a vehicle and the local college is 30 miles away. CM will assist both in finding employment so a vehicle can be purchased which is priority. If Jessica's current housing situation is safe and stable CM may suggest staying there and saving funds for a vehicle prior to moving into apartment. Once Jessica is on MO HealthNet, Medicaid transport can be arranged for medical appointments. CM will work with other social service agencies, non-profits and churches to identify other transportation options including a donated vehicle.

If Jessica's housing situation is not safe and stable, the CM will also explore other housing options that might fit her situation. If over the 20 month program, Jessica is unable to pay rent due to circumstances; other resources will be sought including rental assistance from the MHTF grant program, local community action agency or other housing assistance programs. ATA program will allow up to 3 months of rent assistance if needed. CM will assist Jessica with applications for mainstream benefits and once she begins receiving SNAP, WIC and LIHEAP benefits, the struggle to pay rent may be reduced. Jessica will work with her Case Manager to develop a budget that evaluates all income including assistance and expenses.

On subsequent home visits the CM will provide Prenatal Education and Parenting Skills training, using evidence-based information to Jessica. If the father is involved, paternity education will be provided as well. At a minimum, Jessica will receive 30 minutes of training on each of the following topics: safe sleep for infants following the 2011 American Academy of Pediatric Recommendations; breastfeeding; importance of folic acid in the prevention of neural tube defects; use of substances during pregnancy including alcohol, tobacco, and other drugs; importance of prenatal care; immunizations; shaken baby syndrome; car seat safety; and nutrition and healthy eating. Additional topics may be added as well as others required in the ATA contract. A visit will include two topics (one hour of training) until all the required trainings are completed. Jessica intends to remain in the program post-partum and will receive information on the importance of preconception and the advantages of birth spacing as it relates to the health of the mother and infant, and cognitive skills, motor skills, valuing and

comforting the infant/child. Six to eight weeks post-partum, the CM will conduct an assessment of Jessica for post-partum depression using the Edinburgh post-partum depression screening scale.

During home visits and phone calls, the CM will continue to help identify Jessica's areas of need and assist in problem solving as well as make referrals to community service providers. The CM will meet with Jessica at least every thirty days to review and discuss the IPCP until all the services and/or objectives in the plan have been completed or met, or Jessica has been discharged from the ATA program. The CM will continually assess Jessica for domestic violence.

The CM works with Jessica to access services including financial literacy classes that will help her become more self-sufficient. The CM will work with Jessica to explore possible family support as well as potential church and community support. CCSOMO's referrals will be documented using tracking tools within CCSOMO's case management software program as well as measuring referral outcomes.

CM will continue to work with Jessica through the provision of services, referrals, educational opportunities and the meeting of the goals and objectives in the IPCP. Visits may be as often as once a week or once a month depending on Jessica's needs over the next 20 months including pregnancy and twelve months post-partum if Jessica decides to parent. The goals of achieving a positive and healthy birth outcome as well as self-sufficiency for Jessica and her family were established in the original IPCP and updated and revised based on changing life situations and new challenges. This is Jessica's plan and her goals and with the assistance of a trained case manager and access to resources and services, Jessica has the opportunity to achieve them.

#### Total Price for Regions 8 & 9

1. Initial referral, intake and phone contact by Credentialed Case Manager/Nurse  
\$70 X .5 hour = \$35.00
2. Initial home visit by Credentialed Case Manager/ Nurse (IRNA & ICA)  
1.75 hour visit  
.75 hour round trip travel in rural areas (Client 15 miles away)  
.75 hour documentation  
\$70 X 3.25 hours = \$227.50
3. Home Visit by Credentialed Case Manager/Nurse (IPCP)  
1.75 hour visit  
.75 hour round trip travel in rural areas (Client 15 miles away)  
.75 hour documentation/access resources/referrals  
\$70 X 3.25 hours = \$227.50
4. Credentialed and noncredentialed Case Manager/Outreach Specialist (at least monthly)  
1.25 Hour visit  
.75 hour round trip travel time  
.75 hour documentation/access resources/referrals  
\$30 X 2.75=\$82.50  
Jessica will receive 20 months of services  
Receives 1.5 X months  
\*include paternity  
\$82.50 X 20 months=\$1,650  
\$82.50 X 30 visits=\$2,475
5. Prenatal Education and Parenting skills (5 One on One)  
1.25 hour visit (two education modules per visit)  
.75 hour round trip travel time  
.50 hour documentation  
\$30 hour X 2.5 hours X 5=\$375  
\$375.00
6. Non Face-to-Face Meetings over 20 months  
\$30 X 5 Hours= \$150  
\$150.00
7. Housing assistance (one month)  
\$600.00
8. Transportation/other services  
\$400.00
9. Education  
\$600.00
10. Resources-diapers, pack n play, car seat  
\$100.00

Total Fixed Price- Exhibit H client scenario needing services and resources \$5,190

If Jessica needs more extensive services over the course of 20 months the pricing could be higher. CCSOMO expects the not-to-exceed total price of \$5,200.

**Region 7**

Jessica would be offered the opportunity to be housed at LifeHouse Crisis Maternity Home (residential shelter) if her current housing situation is not safe and/or stable. Woman can enter at any time during their pregnancy and stay up to a year after delivery as they work towards healthy pregnancies and self-sufficiency. Cost is \$116.75/day per client X 30 days = \$3,502.50/month per client. LifeHouse averages 12 women and can house up to 20 women plus 30 infants and children under 5 years of age. Comprehensive support services are available on-site by credentialed case managers as well as an LPC and nurses (BSN).

Total price: \$5,190 (provide a price analysis)

**MBE/WBE Participation, Organization for the Blind and  
Sheltered Workshop Preference, and/or Missouri Service-  
Disabled Veteran Business Enterprise Participation**

**Exhibit I- Participation Commitment  
Exhibit J-Documentation of Intent to Participate  
Not Applicable**

**EXHIBIT I**  
**PARTICIPATION COMMITMENT**

**Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or Service-Disabled Veteran Business Enterprise (SDVE) Participation Commitment** – If the vendor is committing to participation by or if the vendor is a qualified MBE/WBE and/or organization for the blind/sheltered workshop and/or a qualified SDVE, the vendor must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the vendor's proposal.

For Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) Participation, if proposing an entity certified as both MBE and WBE, the vendor must either (1) enter the participation percentage under MBE or WBE, or must (2) divide the participation between both MBE and WBE. If dividing the participation, do not state the total participation on both the MBE and WBE Participation Commitment tables below. Instead, divide the total participation as proportionately appropriate between the tables below.

Place a check in the appropriate box below for the region proposed. There should only be ONE box checked. If proposing multiple geographic regions, copy and complete this Participation Commitment Exhibit for each proposed geographic region.

Geographic Region				
<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 3	<input type="checkbox"/> Region 4	<input type="checkbox"/> Region 5
<input type="checkbox"/> Region 6	<input type="checkbox"/> Region 7	<input type="checkbox"/> Region 8	<input type="checkbox"/> Region 9	

MBE Participation Commitment Table		
(The services performed or the products provided by the listed MBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
Name of Each Qualified Minority Business Enterprise (MBE) Proposed	Committed Percentage of Participation for Each MBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed MBE <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the MBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
3.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
4.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
<b>Total MBE Percentage:</b>	<b>%</b>	

**EXHIBIT I, continued**

<b>WBE Participation Commitment Table</b>		
(The services performed or the products provided by the listed WBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
<b>Name of Each Qualified Women Business Enterprise (WBE) proposed</b>	<b>Committed Percentage of Participation for Each WBE (% of the Actual Total Contract Value)</b>	<b>Description of Products/Services to be Provided by Listed WBE</b> <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the WBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
3.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
4.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
<b>Total WBE Percentage:</b>	<b>%</b>	

<b>Organization for the Blind/Sheltered Workshop Commitment Table</b>	
By completing this table, the vendor commits to the use of the organization at the greater of \$5,000 or 2% of the actual total dollar value of contract.	
(The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)	
<b>Name of Organization for the Blind or Sheltered Workshop Proposed</b>	<b>Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop</b> <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the organization for the blind/sheltered workshop is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	Product/Service(s) proposed: ----- RFP Paragraph References:

**EXHIBIT I, continued**

<b>SDVE Participation Commitment Table</b>		
(The services performed or the products provided by the listed SDVE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
<b>Name of Each Qualified Service-Disabled Veteran Business Enterprise (SDVE) Proposed</b>	<b>Committed Percentage of Participation for Each SDVE (% of the Actual Total Contract Value)</b>	<b>Description of Products/Services to be Provided by Listed SDVE</b>  <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the SDVE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
<b>Total SDVE Percentage:</b>	<b>%</b>	

**EXHIBIT J****DOCUMENTATION OF INTENT TO PARTICIPATE**

If the vendor is proposing to include the participation of a Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) in the provision of the products/services required in the RFP, the vendor must either provide a recently dated letter of intent, signed and dated no earlier than the RFP issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the vendor's proposal.

Place a check in the appropriate box below for the region proposed. There should only be **ONE** box checked. If proposing multiple geographic regions, copy and complete this Documentation of Intent to Participate form for each proposed geographic region.

Geographic Region				
<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 3	<input type="checkbox"/> Region 4	<input type="checkbox"/> Region 5
<input type="checkbox"/> Region 6	<input type="checkbox"/> Region 7	<input type="checkbox"/> Region 8	<input type="checkbox"/> Region 9	

~ Copy This Form For Each Organization Proposed ~

Vendor Name: \_\_\_\_\_

**This Section To Be Completed by Participating Organization:**

*By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the vendor identified above.*

Indicate appropriate business classification(s):

\_\_\_\_ MBE \_\_\_\_ WBE \_\_\_\_ Organization for the Blind \_\_\_\_ Sheltered Workshop \_\_\_\_ SDVE

Name of Organization: \_\_\_\_\_

(Name of MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address (If SDVE, provide MO Address): \_\_\_\_\_

Phone #: \_\_\_\_\_

City: \_\_\_\_\_

Fax #: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Certification # \_\_\_\_\_

SDVE's Website \_\_\_\_\_

Certification \_\_\_\_\_

(or attach copy of certification)

Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Service-Disabled \_\_\_\_\_

SDV's Signature: \_\_\_\_\_

Veteran's (SDV) Name: \_\_\_\_\_

(Please Print)

**PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE**

Describe the products/services you (as the participating organization) have agreed to provide:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Authorized Signature:**

\_\_\_\_\_  
 Authorized Signature of Participating Organization  
 (MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

\_\_\_\_\_  
 Date  
 (Dated no earlier than the RFP  
 issuance date)



**EXHIBIT J, continued****DOCUMENTATION OF INTENT TO PARTICIPATE****SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)**

If a participating organization is an SDVE, unless the Service-Disabled Veteran (SDV) documents were previously submitted within the past five (5) years to the Division of Purchasing (Purchasing), the vendor **must** provide the following SDV documents:

- a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty), AND
- a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

The vendor should check the appropriate statement below and, if applicable, provide the requested information.

- ☐ No, I have not previously submitted the SDV documents specified above to the Purchasing and therefore have enclosed the SDV documents.
- ☐ Yes, I previously submitted the SDV documents specified above within the past five (5) years to the Purchasing.

**Date SDV Documents were Submitted:** \_\_\_\_\_

**Previous Proposal/Contract Number for Which the SDV Documents were Submitted:**  
\_\_\_\_\_  
(if applicable and known)

(NOTE: If the proposed SDVE and SDV are listed on the Purchasing SDVE database located at <http://content.oa.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to the Purchasing within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the Purchasing will remove the SDVE and associated SDV from the database.)

**FOR STATE USE ONLY**

SDV Documents - Verification Completed By:

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

**Miscellaneous Information**

**Exhibit K-Business Entity Certification, Enrollment,**

**Exhibit L-Regarding Debarment, Suspension, Ineligibility and  
Voluntary Exclusion Lower Tier Covered Transaction**

**Exhibit M-Miscellaneous Information  
Business Compliance**

**EXHIBIT K****BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,  
AND AFFIDAVIT OF WORK AUTHORIZATION****BUSINESS ENTITY CERTIFICATION:**

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- BOX A:** To be completed by a non-business entity as defined below.
- BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <http://www.uscis.gov/e-verify>.
- BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.

**Business entity**, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term “business entity” shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term “business entity” shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term “business entity” shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

**EXHIBIT K, continued**

**(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)**

**BOX C – AFFIDAVIT ON FILE – CURRENT BUSINESS ENTITY STATUS**

I certify that Catholic Charities of Southern Missouri, Inc. (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of **Missouri State Agency or Public University\*** to Which Previous E-Verify Documentation Submitted: \_\_\_\_\_

(\*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: 3/25/2016

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted:  
RFP30034901600477 (if known)

Maura Taylor

Authorized Business Entity Representative's  
Name (Please Print)

  
Authorized Business Entity  
Representative's Signature

Catholic Charities of Southern Missouri, Inc.  
Business Entity Name

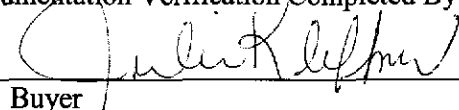
8/22/2016  
Date

mtaylor@ccsomo.org  
E-Mail Address

521080  
E-Verify MOU Company ID Number

**FOR STATE OF MISSOURI USE ONLY**

Documentation Verification Completed By:

  
Buyer

1-7-16  
Date

**EXHIBIT K, continued**

*(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)*

**BOX C – AFFIDAVIT ON FILE – CURRENT BUSINESS ENTITY STATUS**

I certify that Whole Kids Outreach (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of Missouri State Agency or Public University\* to Which Previous E-Verify Documentation Submitted: State of MO Division of Purchasing

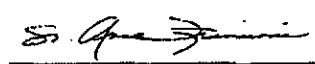
(\*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: May 2, 2013

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: \_\_\_\_\_ (if known)

Sr. Anne Francioni

\_\_\_\_\_  
Authorized Business Entity Representative's  
Name (Please Print)

  
\_\_\_\_\_  
Authorized Business Entity  
Representative's Signature

Whole Kids Outreach  
Business Entity Name

August 19, 2016  
Date

sisteranne@wholekidsoutreach.org  
E-Mail Address

209296  
E-Verify MOU Company ID Number

**FOR STATE OF MISSOURI USE ONLY**

Documentation Verification Completed By:

  
\_\_\_\_\_  
Buyer

1-7-16  
\_\_\_\_\_  
Date

**EXHIBIT L****Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.


Catholic Charities of Southern Missouri, Inc.

Company Name  
Maura Taylor

968136361

DUNS # (if known)  
Executive Director

Authorized Representative's Printed Name

  
Authorized Representative's Signature

Authorized Representative's Title

8/22/2016

Date

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

**EXHIBIT L****Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Whole Kids Outreach, Inc.

Company Name

01-996-5222

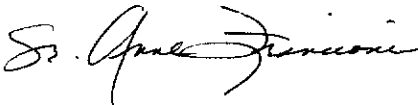
DUNS # (if known)

Sr. Anne Francioni

Authorized Representative's Printed Name

Executive Director

Authorized Representative's Title



Authorized Representative's Signature

August 18, 2016

Date

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

**EXHIBIT M****MISCELLANEOUS INFORMATION****Outside United States:**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes ____	No <u>  X  </u>
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: <a href="http://sl.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf">http://sl.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf</a> )	Yes ____	No ____
<p>If YES, mark the appropriate exemption below, and provide the requested details:</p> <p>1. ____ Unique good or service.</p> <ul style="list-style-type: none"> <li>EXPLAIN: _____</li> </ul> <p>2. ____ Foreign firm hired to market Missouri services/products to a foreign country.</p> <ul style="list-style-type: none"> <li>Identify foreign country: _____</li> </ul> <p>3. ____ Economic cost factor exists</p> <ul style="list-style-type: none"> <li>EXPLAIN: _____</li> </ul> <p>4. ____ Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.</p> <ul style="list-style-type: none"> <li>Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: ____%</li> <li>Specify what contract work would be performed outside the United States: _____</li> </ul>		

**Employee/Conflict of Interest:**

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:	
Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:	
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:	
Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:	_____%



**EXHIBIT M, continued****Registration of Business Name (if applicable) with the Missouri Secretary of State:**

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

<b>N00984333</b>  <i>Charter Number (if applicable)</i>	<b>Catholic Charities of Southern Missouri, Inc.</b>  <i>Company Name</i>
If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:	

**EXHIBIT M****MISCELLANEOUS INFORMATION****Outside United States:**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes _____	No <u>  x  </u>
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: <a href="http://sl.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf">http://sl.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf</a> )	Yes _____	No _____
<p>If YES, mark the appropriate exemption below, and provide the requested details:</p> <p>1. _____ Unique good or service.</p> <ul style="list-style-type: none"> <li>EXPLAIN: _____</li> </ul> <p>2. _____ Foreign firm hired to market Missouri services/products to a foreign country.</p> <ul style="list-style-type: none"> <li>Identify foreign country: _____</li> </ul> <p>3. _____ Economic cost factor exists</p> <ul style="list-style-type: none"> <li>EXPLAIN: _____</li> </ul> <p>4. _____ Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.</p> <ul style="list-style-type: none"> <li>Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: _____%</li> <li>Specify what contract work would be performed outside the United States: _____</li> </ul>		

**Employee/Conflict of Interest:**

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:	
Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:	
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:	
Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:	_____ %

**EXHIBIT M, continued****Registration of Business Name (if applicable) with the Missouri Secretary of State:**

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

<b>N00060440</b> <b><i>Charter Number (if applicable)</i></b>	<b>Whole Kids Outreach, Inc.</b> <b><i>Company Name</i></b>
If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:	

# STATE OF MISSOURI



**Jason Kander**  
**Secretary of State**

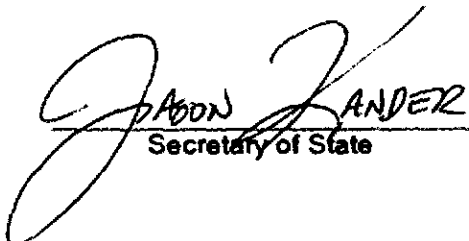
## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**1. Catholic Charities of Southern Missouri, Inc.**  
**N00984333**

was created under the laws of this State on the 24th day of July, 2009, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 4th day of August, 2016.

  
Secretary of State



Certification Number: CERT 08042016-0007

**STATE OF MISSOURI  
DIVISION OF PURCHASING  
TERMS AND CONDITIONS – REQUEST FOR PROPOSAL**

**1. TERMINOLOGY/DEFINITIONS**

Whenever the following words and expressions appear in a Request for Proposal (RFP) document or any addendum thereto, the definition or meaning described below shall apply.

- a. **Agency and/or State Agency** means the statutory unit of state government in the State of Missouri for which the equipment, supplies, and/or services are being purchased by the **Division of Purchasing (Purchasing)**. The agency is also responsible for payment.
- b. **Addendum** means a written, official modification to an RFP.
- c. **Amendment** means a written, official modification to a contract.
- d. **Attachment** applies to all forms which are included with an RFP to incorporate any informational data or requirements related to the performance requirements and/or specifications.
- e. **Proposal End Date and Time** and similar expressions mean the exact deadline required by the RFP for the receipt of sealed proposals.
- f. **Vendor** means the supplier, offeror, person, or organization that responds to an RFP by submitting a proposal with prices to provide the equipment, supplies, and/or services as required in the RFP document.
- g. **Buyer** means the procurement staff member of Purchasing. The **Contact Person** as referenced herein is usually the Buyer.
- h. **Contract** means a legal and binding agreement between two or more competent parties, for a consideration for the procurement of equipment, supplies, and/or services.
- i. **Contractor** means a supplier, offeror, person, or organization who is a successful vendor as a result of an RFP and who enters into a contract.
- j. **Exhibit** applies to forms which are included with an RFP for the vendor to complete and submit with the sealed proposal prior to the specified end date and time.
- k. **Request for Proposal (RFP)** means the solicitation document issued by Purchasing to potential vendors for the purchase of equipment, supplies, and/or services as described in the document. The definition includes these Terms and Conditions as well as all Pricing Pages, Exhibits, Attachments, and Addendums thereto.
- l. **May** means that a certain feature, component, or action is permissible, but not required.
- m. **Must** means that a certain feature, component, or action is a mandatory condition.
- n. **Pricing Page(s)** applies to the form(s) on which the vendor must state the price(s) applicable for the equipment, supplies, and/or services required in the RFP. The pricing pages must be completed and submitted by the vendor with the sealed proposal prior to the specified proposal end date and time.
- o. **RSMo (Revised Statutes of Missouri)** refers to the body of laws enacted by the Legislature which govern the operations of all agencies of the State of Missouri. Chapter 34 of the statutes is the primary chapter governing the operations of Purchasing.
- p. **Shall** has the same meaning as the word **must**.
- q. **Should** means that a certain feature, component and/or action is desirable but not mandatory.

**2. APPLICABLE LAWS AND REGULATIONS**

- a. The contract shall be construed according to the laws of the State of Missouri. The contractor shall comply with all local, state, and federal laws and regulations related to the performance of the contract to the extent that the same may be applicable.
- b. To the extent that a provision of the contract is contrary to the Constitution or laws of the State of Missouri or of the United States, the provisions shall be void and unenforceable. However, the balance of the contract shall remain in force between the parties unless terminated by consent of both the contractor and Purchasing.
- c. The contractor must be registered and maintain good standing with the Secretary of State of the State of Missouri and other regulatory agencies, as may be required by law or regulations.
- d. The contractor must timely file and pay all Missouri sales, withholding, corporate and any other required Missouri tax returns and taxes, including interest and additions to tax.
- e. The exclusive venue for any legal proceeding relating to or arising out of the RFP or resulting contract shall be in the Circuit Court of Cole County, Missouri.
- f. The contractor shall only employ personnel authorized to work in the United States in accordance with applicable federal and state laws and Executive Order 07-13 for work performed in the United States.

**3. OPEN COMPETITION/REQUEST FOR PROPOSAL DOCUMENT**

- a. It shall be the vendor's responsibility to ask questions, request changes or clarification, or otherwise advise Purchasing if any language, specifications or requirements of an RFP appear to be ambiguous, contradictory, and/or arbitrary, or appear to inadvertently restrict or limit the requirements stated in the RFP to a single source. Any and all communication from vendors regarding specifications, requirements, competitive proposal process, etc., must be directed to the buyer from Purchasing, unless the RFP specifically refers the vendor to another contact. Such e-mail, fax, or phone communication should be received at least ten calendar days prior to the official proposal end date.
- b. Every attempt shall be made to ensure that the vendor receives an adequate and prompt response. However, in order to maintain a fair and equitable procurement process, all vendors will be advised, via the issuance of an addendum to the RFP, of any relevant or pertinent information related to the procurement. Therefore, vendors are advised that unless specified elsewhere in the RFP, any questions received less than ten calendar days prior to the RFP end date may not be answered.
- c. Vendors are cautioned that the only official position of the State of Missouri is that which is issued by Purchasing in the RFP or an addendum thereto. No other means of communication, whether oral or written, shall be construed as a formal or official response or statement.
- d. Purchasing monitors all procurement activities to detect any possibility of deliberate restraint of competition, collusion among vendors, price-fixing by vendors, or any other anticompetitive conduct by vendors which appears to violate state and federal antitrust laws. Any suspected violation shall be referred to the Missouri Attorney General's Office for appropriate action.
- e. The RFP is available for viewing and downloading on the MissouriBUYS Statewide eProcurement System. Registered vendors are electronically notified of those proposal opportunities that match the commodity codes for which the vendor registered in MissouriBUYS. If a registered vendor's e-mail address is incorrect, the vendor must update the e-mail address themselves on the state's MissouriBUYS Statewide eProcurement System at <https://missouribuyss.mo.gov/>.
- f. Purchasing reserves the right to officially amend or cancel an RFP after issuance. It shall be the sole responsibility of the vendor to monitor the MissouriBUYS Statewide eProcurement System to obtain a copy of the addendum(s). Registered vendors who received e-mail notification of the

proposal opportunity when the RFP was established and registered vendors who have responded to the RFP on-line prior to an addendum being issued should receive e-mail notification of the addendum(s). Registered vendors who received e-mail notification of the proposal opportunity when the RFP was established and registered vendors who have responded to the proposal on-line prior to a cancellation being issued should receive e-mail notification of a cancellation issued prior to the exact end date and time specified in the RFP.

#### 4. PREPARATION OF PROPOSALS

- a. Vendors must examine the entire RFP carefully. Failure to do so shall be at the vendor's risk.
- b. Unless otherwise specifically stated in the RFP, all specifications and requirements constitute minimum requirements. All proposals must meet or exceed the stated specifications and requirements.
- c. Unless otherwise specifically stated in the RFP, any manufacturer names, trade names, brand names, information and/or catalog numbers listed in a specification and/or requirement are for informational purposes only and are not intended to limit competition. The vendor may offer any brand which meets or exceeds the specification for any item, but must state the manufacturer's name and model number for any such brands in the proposal. In addition, the vendor shall explain, in detail, (1) the reasons why the proposed equivalent meets or exceeds the specifications and/or requirements and (2) why the proposed equivalent should not be considered an exception thereto. Proposals which do not comply with the requirements and specifications are subject to rejection without clarification.
- d. Proposals lacking any indication of intent to offer an alternate brand or to take an exception shall be received and considered in complete compliance with the specifications and requirements as listed in the RFP.
- e. In the event that the vendor is an agency of state government or other such political subdivision which is prohibited by law or court decision from complying with certain provisions of an RFP, such a vendor may submit a proposal which contains a list of statutory limitations and identification of those prohibitive clauses. The vendor should include a complete list of statutory references and citations for each provision of the RFP, which is affected by this paragraph. The statutory limitations and prohibitive clauses may (1) be requested to be clarified in writing by Purchasing or (2) be accepted without further clarification if the statutory limitations and prohibitive clauses are deemed acceptable by Purchasing. If Purchasing determines clarification of the statutory limitations and prohibitive clauses is necessary, the clarification will be conducted in order to agree to language that reflects the intent and compliance of such law and/or court order and the RFP.
- f. All equipment and supplies offered in a proposal must be new, of current production, and available for marketing by the manufacturer unless the RFP clearly specifies that used, reconditioned, or remanufactured equipment and supplies may be offered.
- g. Prices shall include all packing, handling and shipping charges FOB destination, freight prepaid and allowed unless otherwise specified in the RFP.
- h. Proposals, including all prices therein, shall remain valid for 90 days from proposal opening or Best and Final Offer (BAFO) submission unless otherwise indicated. If the proposal is accepted, the entire proposal, including all prices, shall be firm for the specified contract period.
- i. Any foreign vendor not having an Employer Identification Number assigned by the United States Internal Revenue Service (IRS) must submit a completed IRS Form W-8 prior to or with the submission of their proposal in order to be considered for award.

#### 5. SUBMISSION OF PROPOSALS

- a. Registered vendors may submit proposals electronically through the MissouriBUYS Statewide eProcurement System at <https://missouribuy.mo.gov/> or by delivery of a hard copy to the Purchasing office. Vendors that have not registered on the MissouriBUYS Statewide eProcurement System may submit proposals hard copy delivered to the Purchasing office. Delivered proposals must be sealed in an envelope or container, and received in the Purchasing office located at 301 West High St, Rm 630 in Jefferson City, MO no later than the exact end date and time specified in the RFP. All proposals must (1) be submitted by a duly authorized representative of the vendor's organization, (2) contain all information required by the RFP, and (3) be priced as required. Hard copy proposals may be mailed to the Purchasing post office box address. However, it shall be the responsibility of the vendor to ensure their proposal is in the Purchasing office (address listed above) no later than the exact end date and time specified in the RFP.
- b. The sealed envelope or container containing a proposal should be clearly marked on the outside with (1) the official RFP number and (2) the official end date and time. Different proposals should not be placed in the same envelope, although copies of the same proposal may be placed in the same envelope.
- c. A proposal submitted electronically by a registered vendor may be modified on-line prior to the official end date and time. A proposal which has been delivered to the Purchasing office may be modified by signed, written notice which has been received by Purchasing prior to the official end date and time specified. A proposal may also be modified in person by the vendor or its authorized representative, provided proper identification is presented before the official end date and time. Telephone or telegraphic requests to modify a proposal shall not be honored.
- d. A proposal submitted electronically by a registered vendor may be retracted on-line prior to the official end date and time. A proposal which has been delivered to the Purchasing may only be withdrawn by a signed, written document on company letterhead transmitted via mail, e-mail, or facsimile which has been received by Purchasing prior to the official end and time specified. A proposal may also be withdrawn in person by the vendor or its authorized representative, provided proper identification is presented before the official end date and time. Telephone or telegraphic requests to withdraw a proposal shall not be honored.
- e. A proposal may also be withdrawn after the proposal opening through submission of a written request by an authorized representative of the vendor. Justification of withdrawal decision may include a significant error or exposure of proposal information that may cause irreparable harm to the vendor.
- f. When submitting a proposal electronically, the registered vendor indicates acceptance of all RFP requirements, terms and conditions by clicking on the "Accept" button on the Overview tab. Vendors delivering a hard copy proposal to Purchasing must sign and return the RFP cover page or, if applicable, the cover page of the last addendum thereto in order to constitute acceptance by the vendor of all RFP requirements, terms and conditions. Failure to do so may result in rejection of the proposal unless the vendor's full compliance with those documents is indicated elsewhere within the vendor's response.
- g. Faxed proposals shall not be accepted. However, faxed and e-mail no-bid notifications shall be accepted.

#### 6. PROPOSAL OPENING

- a. Proposal openings are public on the end date and at the opening time specified on the RFP document. Only the names of the respondents shall be read at the proposal opening. All vendors may view the same proposal response information on the MissouriBUYS Statewide eProcurement System. The contents of the responses shall not be disclosed at this time.
- b. Proposals which are not received in the Purchasing office prior to the official end date and time shall be considered late, regardless of the degree of lateness, and normally will not be opened. Late proposals may only be opened under extraordinary circumstances in accordance with 1 CSR 40-1.050.

#### 7. PREFERENCES

- a. In the evaluation of proposals, preferences shall be applied in accordance with chapter 34, RSMo, other applicable Missouri statutes, and applicable Executive Orders. Contractors should apply the same preferences in selecting subcontractors.

- b. By virtue of statutory authority, a preference will be given to materials, products, supplies, provisions and all other articles produced, manufactured, mined, processed or grown within the State of Missouri and to all firms, corporations or individuals doing business as Missouri firms, corporations or individuals. Such preference shall be given when quality is equal or better and delivered price is the same or less.
- c. In accordance with Executive Order 05-30, contractors are encouraged to utilize certified minority and women-owned businesses in selecting subcontractors.

## 8. EVALUATION/AWARD

- a. Any clerical error, apparent on its face, may be corrected by the buyer before contract award. Upon discovering an apparent clerical error, the buyer shall contact the vendor and request clarification of the intended proposal. The correction shall be incorporated in the notice of award. Examples of apparent clerical errors are: 1) misplacement of a decimal point; and 2) obvious mistake in designation of unit.
- b. Any pricing information submitted by a vendor shall be subject to evaluation if deemed by Purchasing to be in the best interest of the State of Missouri.
- c. The vendor is encouraged to propose price discounts for prompt payment or propose other price discounts that would benefit the State of Missouri. However, unless otherwise specified in the RFP, pricing shall be evaluated at the maximum potential financial liability to the State of Missouri.
- d. Awards shall be made to the vendor whose proposal (1) complies with all mandatory specifications and requirements of the RFP and (2) is the lowest and best proposal, considering price, responsibility of the vendor, and all other evaluation criteria specified in the RFP and any subsequent negotiations and (3) complies with chapter 34, RSMo, other applicable Missouri statutes, and all applicable Executive Orders.
- e. In the event all vendors fail to meet the same mandatory requirement in an RFP, Purchasing reserves the right, at its sole discretion, to waive that requirement for all vendors and to proceed with the evaluation. In addition, Purchasing reserves the right to waive any minor irregularity or technicality found in any individual proposal.
- f. Purchasing reserves the right to reject any and all proposals.
- g. When evaluating a proposal, the State of Missouri reserves the right to consider relevant information and fact, whether gained from a proposal, from a vendor, from vendor's references, or from any other source.
- h. Any information submitted with the proposal, regardless of the format or placement of such information, may be considered in making decisions related to the responsiveness and merit of a proposal and the award of a contract.
- i. Negotiations may be conducted with those vendors who submit potentially acceptable proposals. Proposal revisions may be permitted for the purpose of obtaining best and final offers. In conducting negotiations, there shall be no disclosure of any information submitted by competing vendors.
- j. Any award of a contract shall be made by notification from Purchasing to the successful vendor. Purchasing reserves the right to make awards by item, group of items, or an all or none basis. The grouping of items awarded shall be determined by Purchasing based upon factors such as item similarity, location, administrative efficiency, or other considerations in the best interest of the State of Missouri.
- k. Pursuant to section 610.021, RSMo, proposals and related documents shall not be available for public review until after a contract is executed or all proposals are rejected.
- l. Purchasing posts all proposal results on the MissouriBUYS Statewide eProcurement System for all vendors to view for a reasonable period after proposal award and maintains images of all proposal file material for review. Vendors who include an e-mail address with their proposal will be notified of the award results via e-mail.
- m. Purchasing reserves the right to request clarification of any portion of the vendor's response in order to verify the intent of the vendor. The vendor is cautioned, however, that its response may be subject to acceptance or rejection without further clarification.
- n. Any proposal award protest must be received within ten (10) business days after the date of award in accordance with the requirements of 1 CSR 40-1.050 (9).
- o. The final determination of contract(s) award shall be made by Purchasing.

## 9. CONTRACT/PURCHASE ORDER

- a. By submitting a proposal, the vendor agrees to furnish any and all equipment, supplies and/or services specified in the RFP, at the prices quoted, pursuant to all requirements and specifications contained therein.
- b. A binding contract shall consist of: (1) the RFP, addendums thereto, and any Best and Final Offer (BAFO) request(s) with RFP changes/additions, (2) the contractor's proposal including any contractor BAFO response(s), (3) clarification of the proposal, if any, and (4) Purchasing's acceptance of the proposal by "notice of award" or by "purchase order." All Exhibits and Attachments included in the RFP shall be incorporated into the contract by reference.
- c. A notice of award issued by the State of Missouri does not constitute an authorization for shipment of equipment or supplies or a directive to proceed with services. Before providing equipment, supplies and/or services for the State of Missouri, the contractor must receive a properly authorized purchase order or other form of authorization given to the contractor at the discretion of the state agency.
- d. The contract expresses the complete agreement of the parties and performance shall be governed solely by the specifications and requirements contained therein. Any change to the contract, whether by modification and/or supplementation, must be accomplished by a formal contract amendment signed and approved by and between the duly authorized representative of the contractor and Purchasing or by a modified purchase order prior to the effective date of such modification. The contractor expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts, and oral communications by or from any person, shall be used or construed as an amendment or modification to the contract.

## 10. INVOICING AND PAYMENT

- a. The State of Missouri does not pay state or federal taxes unless otherwise required under law or regulation.
- b. The statewide financial management system has been designed to capture certain receipt and payment information. For each purchase order received, an invoice must be submitted that references the purchase order number and must be itemized in accordance with items listed on the purchase order. Failure to comply with this requirement may delay processing of invoices for payment.
- c. The contractor shall not transfer any interest in the contract, whether by assignment or otherwise, without the prior written consent of Purchasing.
- d. Payment for all equipment, supplies, and/or services required herein shall be made in arrears unless otherwise indicated in the RFP.
- e. The State of Missouri assumes no obligation for equipment, supplies, and/or services shipped or provided in excess of the quantity ordered. Any unauthorized quantity is subject to the state's rejection and shall be returned at the contractor's expense.
- f. All invoices for equipment, supplies, and/or services purchased by the State of Missouri shall be subject to late payment charges as provided in section 34.055, RSMo.
- g. The State of Missouri reserves the right to purchase goods and services using the state purchasing card.

## 11. DELIVERY

Time is of the essence. Deliveries of equipment, supplies, and/or services must be made no later than the time stated in the contract or within a reasonable period of time, if a specific time is not stated.

## 12. INSPECTION AND ACCEPTANCE

- a. No equipment, supplies, and/or services received by an agency of the state pursuant to a contract shall be deemed accepted until the agency has had reasonable opportunity to inspect said equipment, supplies, and/or services.
- b. All equipment, supplies, and/or services which do not comply with the specifications and/or requirements or which are otherwise unacceptable or defective may be rejected. In addition, all equipment, supplies, and/or services which are discovered to be defective or which do not conform to any warranty of the contractor upon inspection (or at any later time if the defects contained were not reasonably ascertainable upon the initial inspection) may be rejected.
- c. The State of Missouri reserves the right to return any such rejected shipment at the contractor's expense for full credit or replacement and to specify a reasonable date by which replacements must be received.
- d. The State of Missouri's right to reject any unacceptable equipment, supplies, and/or services shall not exclude any other legal, equitable or contractual remedies the state may have.

## 13. WARRANTY

- a. The contractor expressly warrants that all equipment, supplies, and/or services provided shall: (1) conform to each and every specification, drawing, sample or other description which was furnished to or adopted by Purchasing, (2) be fit and sufficient for the purpose expressed in the RFP, (3) be merchantable, (4) be of good materials and workmanship, and (5) be free from defect.
- b. Such warranty shall survive delivery and shall not be deemed waived either by reason of the state's acceptance of or payment for said equipment, supplies, and/or services.

## 14. CONFLICT OF INTEREST

- a. Elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.452 and 105.454, RSMo, regarding conflict of interest.
- b. The contractor hereby covenants that at the time of the submission of the proposal the contractor has no other contractual relationships which would create any actual or perceived conflict of interest. The contractor further agrees that during the term of the contract neither the contractor nor any of its employees shall acquire any other contractual relationships which create such a conflict.

## 15. REMEDIES AND RIGHTS

- a. No provision in the contract shall be construed, expressly or implied, as a waiver by the State of Missouri of any existing or future right and/or remedy available by law in the event of any claim by the State of Missouri of the contractor's default or breach of contract.
- b. The contractor agrees and understands that the contract shall constitute an assignment by the contractor to the State of Missouri of all rights, title and interest in and to all causes of action that the contractor may have under the antitrust laws of the United States or the State of Missouri for which causes of action have accrued or will accrue as the result of or in relation to the particular equipment, supplies, and/or services purchased or procured by the contractor in the fulfillment of the contract with the State of Missouri.

## 16. CANCELLATION OF CONTRACT

- a. In the event of material breach of the contractual obligations by the contractor, Purchasing may cancel the contract. At its sole discretion, Purchasing may give the contractor an opportunity to cure the breach or to explain how the breach will be cured. The actual cure must be completed within no more than 10 working days from notification, or at a minimum the contractor must provide Purchasing within 10 working days from notification a written plan detailing how the contractor intends to cure the breach.
- b. If the contractor fails to cure the breach or if circumstances demand immediate action, Purchasing will issue a notice of cancellation terminating the contract immediately. If it is determined Purchasing improperly cancelled the contract, such cancellation shall be deemed a termination for convenience in accordance with the contract.
- c. If Purchasing cancels the contract for breach, Purchasing reserves the right to obtain the equipment, supplies, and/or services to be provided pursuant to the contract from other sources and upon such terms and in such manner as Purchasing deems appropriate and charge the contractor for any additional costs incurred thereby.
- d. The contractor understands and agrees that funds required to fund the contract must be appropriated by the General Assembly of the State of Missouri for each fiscal year included within the contract period. The contract shall not be binding upon the state for any period in which funds have not been appropriated, and the state shall not be liable for any costs associated with termination caused by lack of appropriations.

## 17. COMMUNICATIONS AND NOTICES

Any notice to the vendor/contractor shall be deemed sufficient when deposited in the United States mail postage prepaid, transmitted by facsimile, transmitted by e-mail or hand-carried and presented to an authorized employee of the vendor/contractor.

## 18. BANKRUPTCY OR INSOLVENCY

- a. Upon filing for any bankruptcy or insolvency proceeding by or against the contractor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the contractor must notify Purchasing immediately.
- b. Upon learning of any such actions, Purchasing reserves the right, at its sole discretion, to either cancel the contract or affirm the contract and hold the contractor responsible for damages.

## 19. INVENTIONS, PATENTS AND COPYRIGHTS

The contractor shall defend, protect, and hold harmless the State of Missouri, its officers, agents, and employees against all suits of law or in equity resulting from patent and copyright infringement concerning the contractor's performance or products produced under the terms of the contract.



## 20. NON-DISCRIMINATION AND AFFIRMATIVE ACTION

In connection with the furnishing of equipment, supplies, and/or services under the contract, the contractor and all subcontractors shall agree not to discriminate against recipients of services or employees or applicants for employment on the basis of race, color, religion, national origin, sex, age, disability, or veteran status unless otherwise provided by law. If the contractor or subcontractor employs at least 50 persons, they shall have and maintain an affirmative action program which shall include:

- a. A written policy statement committing the organization to affirmative action and assigning management responsibilities and procedures for evaluation and dissemination;
- b. The identification of a person designated to handle affirmative action;
- c. The establishment of non-discriminatory selection standards, objective measures to analyze recruitment, an upward mobility system, a wage and salary structure, and standards applicable to layoff, recall, discharge, demotion, and discipline;
- d. The exclusion of discrimination from all collective bargaining agreements; and
- e. Performance of an internal audit of the reporting system to monitor execution and to provide for future planning.

If discrimination by a contractor is found to exist, Purchasing shall take appropriate enforcement action which may include, but not necessarily be limited to, cancellation of the contract, suspension, or debarment by Purchasing until corrective action by the contractor is made and ensured, and referral to the Attorney General's Office, whichever enforcement action may be deemed most appropriate.

## 21. AMERICANS WITH DISABILITIES ACT

In connection with the furnishing of equipment, supplies, and/or services under the contract, the contractor and all subcontractors shall comply with all applicable requirements and provisions of the Americans with Disabilities Act (ADA).

## 22. FILING AND PAYMENT OF TAXES

The commissioner of administration and other agencies to which the state purchasing law applies shall not contract for goods or services with a vendor if the vendor or an affiliate of the vendor makes sales at retail of tangible personal property or for the purpose of storage, use, or consumption in this state but fails to collect and properly pay the tax as provided in chapter 144, RSMo. For the purposes of this section, "affiliate of the vendor" shall mean any person or entity that is controlled by or is under common control with the vendor, whether through stock ownership or otherwise. Therefore the vendor's failure to maintain compliance with chapter 144, RSMo, may eliminate their proposal from consideration for award.

## 23. TITLES

Titles of paragraphs used herein are for the purpose of facilitating reference only and shall not be construed to infer a contractual construction of language.

### **Attachments**

**The attachments are separate links that must be downloaded separately from the MissouriBUYS Statewide eProcurement System at: <https://missouribuyss.mo.gov/bidboard.html>.**

**CCSOMO has downloaded and reviewed all the attachments from the MissouriBuys website. The documents will to be completed and utilized once the ATA grant is awarded.**

**CATHOLIC CHARITIES OF SOUTHERN MISSOURI**

**2014-2015 IRS FORM 990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014**Open to Public  
Inspection

<b>A</b> For the 2014 calendar year, or tax year beginning <b>07/01</b> , 2014, and ending <b>06/30</b> , 2015	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CATHOLIC CHARITIES OF SOUTHERN MISSOURI</b>
	Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>424 E MONASTERY</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SPRINGFIELD, MO, 65807</b>
	<b>F</b> Name and address of principal officer: <b>Maura Taylor</b> <b>424 E MONASTERY, SPRINGFIELD, MO 65807</b>
<b>D</b> Employer identification number <b>80-0455890</b>	
<b>E</b> Telephone number <b>417-720-4213</b>	
<b>G</b> Gross receipts \$ <b>3,958,090</b>	
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>CCSOMO.ORG</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation: <b>2009</b> <b>M</b> State of legal domicile: <b>MO</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CATHOLIC CHARITIES OF SOUTHERN MISSOURI CARRIES OUT THE SOCIAL MISSION OF THE CATHOLIC CHURCH IN THE DIOCESE OF SPRINGFIELD-CAPE</b> (Continued on Schedule O, Statement 1)		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>89</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1,500</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>2,905,790</b>	<b>Current Year</b> <b>2,548,770</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>464,062</b>	<b>1,135,374</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>9,487</b>	<b>8,246</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>10,782</b>	<b>65,915</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,390,121</b>	<b>3,758,305</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,685,891</b>	<b>2,411,093</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>9,650</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,190,437</b>	<b>1,813,000</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,876,328</b>	<b>4,224,093</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>513,793</b>	<b>-465,788</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>2,491,563</b>	<b>End of Year</b> <b>2,587,222</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>96,802</b>	<b>658,249</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,394,761</b>	<b>1,928,973</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>Maura Taylor, Executive Director</b> Type or print name and title	<b>3-16-16</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2014)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 1**
- Briefly describe the organization's mission:

CATHOLIC CHARITIES OF SOUTHERN MISSOURI CARRIES OUT THE SOCIAL MISSION OF THE CATHOLIC CHURCH IN THE DIOCESE OF SPRINGFIELD-CAPE GIRARDEAU BY PROVIDING A WIDE VARIETY OF SERVICES TO INDIVIDUALS AND FAMILIES IN NEED THROUGHOUT THE 39 COUNTIES IN SOUTHERN MISSOURI. MOTIVATED BY THE LOVE OF CHRIST.

(Continued on Schedule O, Statement 2)

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No  
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 1,433,832 including grants of \$ 0 ) (Revenue \$ 0 )

DISASTER RESPONSE AND HOME REPAIR/REBUILDING: WE PROVIDE SHORT-TERM AID AS WELL AS LONG-TERM CASE MANAGEMENT FOR SURVIVORS OF NATURAL DISASTERS. WE REPAIR AND REBUILD HOMES DAMAGED IN NATURAL DISASTERS AND WE REPAIR HOMES FOR SENIORS AND LOW-INCOME FAMILIES TO MAKE THEM SAFE AND ACCESSIBLE. WE MANAGE AND COORDINATE VOLUNTEERS TO ASSIST IN OUR REPAIR/REBUILD PROGRAM.

**4b** (Code: ) (Expenses \$ 924,731 including grants of \$ 0 ) (Revenue \$ 1,073,933 )

TARGETED CASE MANAGEMENT FOR DEVELOPMENTALLY DISABLED: WE HELP PEOPLE WITH DEVELOPMENTAL DISABILITIES ACQUIRE THE SERVICES AND SUPPORTS THEY NEED TO MAXIMIZE THEIR POTENTIAL AND STRENGTHEN THEIR LEVEL OF INDEPENDENCE.

**4c** (Code: ) (Expenses \$ 1,492,524 including grants of \$ 0 ) (Revenue \$ 7,000 )

HOMELESS PREVENTION AND FAMILY STRENGTHENING CASE MANAGEMENT SERVICES: WE PROVIDE INTENSIVE CASE MANAGEMENT SERVICES AND TEMPORARY FINANCIAL SUPPORT TO OVERCOME HOUSING CRISES AND ACHIEVE LONG-TERM FINANCIAL STABILITY. INCLUDES SPECIAL PROGRAM IN SUPPORT OF VETERANS WHO ARE HOMELESS OR AT IMMINENT RISK OF HOMELESSNESS. WE OPERATE A CRISIS MATERNITY HOME FOR HOMELESS, PREGNANT WOMEN AND THEIR CHILDREN UNDER AGE FIVE.

**4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 3

(Expenses \$ 162,755 including grants of \$ 0 ) (Revenue \$ 54,441 )

**4e** Total program service expenses 4,013,842

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> ✓	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	✓
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	✓
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	✓
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	✓
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	✓
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	✓
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b>	✓
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> ✓	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b> ✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	✓
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	✓
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	✓
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	✓
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> ✓	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	✓
<b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		✓
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		✓
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	114	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	89	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	✓	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	✓	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	✓	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		✓
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	✓	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		✓
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	11	
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	3	✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	✓
6	Did the organization have members or stockholders? . . . . .	6	✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	8a	✓
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	✓

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	✓
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	✓
13	Did the organization have a written whistleblower policy? . . . . .	13	✓
14	Did the organization have a written document retention and destruction policy? . . . . .	14	✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	✓
b	Other officers or key employees of the organization . . . . .	15b	✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . .		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► MO

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
**MAURA TAYLOR, (417)720-4213**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR GEAME MARGAVIO	2									
BOARD PRESIDENT	0	✓		✓				0	0	0
BILL HENNESSEY	2									
BOARD PAST PRESIDENT	0	✓		✓				0	0	0
DR JAMES BOLLINGER	2									
BOARD MEMBER	0	✓		✓				0	0	0
TIMOTHY COAD	2									
BOARD MEMBER	0	✓						0	0	0
C ROYCE FUGATE	2									
BOARD MEMBER	0	✓						0	0	0
JIM LAWRENCE	2									
BOARD MEMBER	0	✓						0	0	0
JOHN NABITY	2									
BOARD MEMBER	0	✓						0	0	0
AMY NELSEN	2									
BOARD MEMBER	0	✓						0	0	0
SR DARLENE PRESLEY	2									
BOARD MEMBER	0	✓						0	0	0
PATRICIA RANDALL	2									
BOARD SECRETARY	0	✓		✓				0	0	0
FR MATTHEW REHRAUER	2									
BOARD MEMBER	0	✓						0	0	0
MAURA TAYLOR	40									
EXECUTIVE DIRECTOR	0				✓			79,265	0	0
LAURA GUY-RICE	40									
DIRECTOR OF FINANCE	0				✓			9,649	0	5,400
GREG STARK	40									
DIRECTOR OF FINANCE	0				✓		✓	38,571	0	2,025

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4	✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5	✓

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
None		

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 15,883				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 135,825				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 2,397,062				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	415,528				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		2,548,770			
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2a</b>	COUNSELING FEES	624100	350	350	0	0
	<b>b</b>	SVC PROGRAMS FOR HOMELESS/LOV	624100	7,000	7,000	0	0
	<b>c</b>	ALTERNATIVES TO ABORTION/CASE	624100	54,091	54,091	0	0
	<b>d</b>	SVC COORD DMHC W/ DISABILITIES	624100	1,073,933	1,073,933	0	0
	<b>e</b>						
	<b>f</b>	All other program service revenue .		0	0	0	0
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		1,135,374				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		8,826	8,826	0	0
	<b>4</b>	Income from investment of tax-exempt bond proceeds		0	0	0	0
	<b>5</b>	Royalties . . . . .		0	0	0	0
			(i) Real (ii) Personal				
	<b>6a</b>	Gross rents . . . . .	10,923	0			
	<b>b</b>	Less: rental expenses . . . . .	19,159	0			
	<b>c</b>	Rental income or (loss) . . . . .	-8,236	0			
	<b>d</b>	Net rental income or (loss) . . . . .		-8,236	-8,236	0	0
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	148,729	0		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	149,309	0			
	<b>c</b>	Gain or (loss) . . . . .	-580	0			
	<b>d</b>	Net gain or (loss) . . . . .		-580	-580	0	0
	<b>8a</b>	Gross income from fundraising events (not including \$ 112,816 of contributions reported on line 1c). See Part IV, line 18 . . . . .	a				
	<b>b</b>	Less: direct expenses . . . . .	b				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	a				
	<b>b</b>	Less: direct expenses . . . . .	b				
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	a	68,060				
<b>b</b>	Less: cost of goods sold . . . . .	b	31,317				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		36,743	36,743	0	0	
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
<b>11a</b>	REIMBURSEMENTS	624200	31,192	31,192	0	0	
<b>b</b>	ST WH DIS, REBATES, OTHER	624200	1,121	1,121	0	0	
<b>c</b>	INSURANCE CLAIM	624200	5,095	5,095	0	0	
<b>d</b>	All other revenue . . . . .		0	0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		37,408				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		3,758,305	1,209,535	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	135,010	111,005	24,005	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .	1,613,313	1,576,651	36,662	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	102,229	100,172	2,057	
9 Other employee benefits . . . . .	385,916	381,997	3,919	
10 Payroll taxes . . . . .	174,625	167,166	7,459	
11 Fees for services (non-employees):				
a Management . . . . .	8,438	623	7,815	
b Legal . . . . .	20,770	17,406	3,364	
c Accounting . . . . .	22,957	22,479	478	
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17 . . . . .				
f Investment management fees . . . . .	80	80		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	9,193	8,666	527	
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .	115,858	84,338	22,218	9,302
14 Information technology . . . . .	43,446	37,227	6,219	
15 Royalties . . . . .				
16 Occupancy . . . . .	258,027	251,784	6,243	
17 Travel . . . . .	133,902	121,927	11,975	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	3,195	1,508	1,687	
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	243,825	226,774	17,051	
23 Insurance . . . . .	21,178	20,137	1,041	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT ASSISTANCE-NON-COUNSELING . . . . .	862,826	836,557	26,269	
b DEVELOPMENT . . . . .	59,490	39,947	19,195	348
c . . . . .				
d . . . . .				
e All other expenses . . . . .	9,815	7,398	2,417	
25 Total functional expenses. Add lines 1 through 24e . . . . .	4,224,093	4,013,842	200,601	9,650
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	853,556	<b>1</b>	288,547
	<b>2</b> Savings and temporary cash investments . . . . .	813,072	<b>2</b>	1,179,892
	<b>3</b> Pledges and grants receivable, net . . . . .	244,726	<b>3</b>	500,909
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	14,168	<b>8</b>	63,030
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	4,691
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 813,322		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 349,249	<b>10c</b>	464,073
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	6,921	<b>15</b>	86,080
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,491,563	<b>16</b>	2,587,222	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	77,574	<b>17</b>	257,648
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	19,228	<b>19</b>	400,601
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	96,802	<b>26</b>	658,249
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,207,680	<b>27</b>	1,654,104
	<b>28</b> Temporarily restricted net assets . . . . .	1,187,081	<b>28</b>	274,869
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances . . . . .</b>	2,394,761	<b>33</b>	1,928,973	
<b>34</b> <b>Total liabilities and net assets/fund balances . . . . .</b>	2,491,563	<b>34</b>	2,587,222	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,758,305
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,224,093
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-465,788
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,394,761
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,928,973

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>	✓	
<b>3b</b>	✓	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

CATHOLIC CHARITIES OF SOUTHERN MISSOURI

Employer identification number

80-0456890

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,087,594	2,470,237	2,307,573	2,905,790	2,548,770	11,319,964
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	1,087,594	2,470,237	2,307,573	2,905,790	2,548,770	11,319,964
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						11,319,964

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 . . . . .	1,087,594	2,470,237	2,307,573	2,905,790	2,548,770	11,319,964
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	444	6,398	10,089	11,490	19,749	48,170
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						11,368,134
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	1,771,375
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.58 %
15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	15	96.01 %
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2014.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)****11** Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3** Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)****Section D - Distributions****Current Year**

<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2014 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

**Section E - Distribution Allocations (see instructions)****(i)  
Excess Distributions****(ii)  
Underdistributions  
Pre-2014****(iii)  
Distributable  
Amount for 2014**

<b>1</b>	Distributable amount for 2014 from Section C, line 6		
<b>2</b>	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)		
<b>3</b>	Excess distributions carryover, if any, to 2014:		
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>	From 2013 . . . . .		
<b>f</b>	<b>Total</b> of lines 3a through e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2014 distributable amount		
<b>i</b>	Carryover from 2009 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
<b>4</b>	Distributions for 2014 from Section D, line 7: \$		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2014 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b>	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		
<b>6</b>	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
<b>7</b>	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>	Excess from 2013 . . . . .		
<b>e</b>	Excess from 2014 . . . . .		

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

[illegible]

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

CATHOLIC CHARITIES OF SOUTHERN MISSOURI

Employer identification number

80-0455890

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ (ii) Assets included in Form 990, Part X . . . . . ▶ \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ b Assets included in Form 990, Part X . . . . . ▶ \$	





**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,808,781
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	0
<b>b</b>	Donated services and use of facilities	<b>2b</b>	0
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	50,476
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	50,476
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	3,758,305
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	0
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	3,758,305

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,274,569
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	0
<b>b</b>	Prior year adjustments	<b>2b</b>	0
<b>c</b>	Other losses	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	50,476
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	50,476
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	4,224,093
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	0
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,224,093

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part XI, Line 2d - RENTAL REVENUE WAS NETTED WITH RENTAL EXPENSES OF \$19,159 ON LINE 6, FORM 990, PART VIII AND SALES OF INVENTORY WAS NETTED WITH COST OF SALES OF \$31,317 ON LINE 10, FORM 990, PART VIII.

Schedule D, Part XII, Line 2d - RENTAL EXPENSES OF \$19,159 WERE NETTED ON LINE 6, FORM 990, PART VIII AND COST OF SALES OF \$31,317 WAS NETTED ON LINE 10, FORM 990, PART VIII.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

CATHOLIC CHARITIES OF SOUTHERN MISSOURI

Employer identification number

80-0455890

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |  |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL DINNER (event type)	BISHOP'S WALK (event type)	0 (total number)	
Revenue	<b>1</b> Gross receipts . . . . .	112,816	23,009		135,825
	<b>2</b> Less: Contributions . . . . .	0	0		0
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	112,816	23,009		135,825
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0		0
	<b>5</b> Noncash prizes . . . . .	0	0		0
	<b>6</b> Rent/facility costs . . . . .	0	0		0
	<b>7</b> Food and beverages . . . . .	13,544	0		13,544
	<b>8</b> Entertainment . . . . .	2,100	0		2,100
	<b>9</b> Other direct expenses . . . . .	12,912	5,868		18,780
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				34,424
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				101,401

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .			
	<b>3</b> Noncash prizes . . . . .			
	<b>4</b> Rent/facility costs . . . . .			
	<b>5</b> Other direct expenses . . . . .			
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b>	<b>The organization's facility</b>	<b>13a</b>	<b>%</b>
----------	------------------------------------	------------	----------

<b>b</b> An outside facility . . . . .	<b>13b</b>	<b>%</b>
--	------------	----------

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ►

**16 Gaming manager information:**

Name ▶ \_\_\_\_\_

**Gaming manager compensation ▶ \$**

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor

**17 Mandatory distributions:**

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.  
► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

CATHOLIC CHARITIES OF SOUTHERN MISSOURI

Employer identification number

80-0455890

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	✓
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	✓
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization?</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization?</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	✓
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation					(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation	(v) Other reportable compensation				
1	GREG STARK, DIRECTOR OF FINANCE	(i)	38,571	0	2,025	0	0	0	40,596	57,978
		(ii)	0	0	0	0	0	0	0	0
2		(i)								
		(ii)								
3		(i)								
		(ii)								
4		(i)								
		(ii)								
5		(i)								
		(ii)								
6		(i)								
		(ii)								
7		(i)								
		(ii)								
8		(i)								
		(ii)								
9		(i)								
		(ii)								
10		(i)								
		(ii)								
11		(i)								
		(ii)								
12		(i)								
		(ii)								
13		(i)								
		(ii)								
14		(i)								
		(ii)								
15		(i)								
		(ii)								
16		(i)								
		(ii)								



**Part III** **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**CATHOLIC CHARITIES OF SOUTHERN MISSOURI**

Employer identification number

**80-0455890**

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	✓		175,819	RESALE
6 Cars and other vehicles . . . . .	✓	1	4,900	BLUE BOOK
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	21	149,309	AVG HIGH LOW
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .	✓	1	85,500	MARKET
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( . . . . . )				
26 Other ▶ ( . . . . . )				
27 Other ▶ ( . . . . . )				
28 Other ▶ ( . . . . . )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	3

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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Inspection

Name of the organization

**CATHOLIC CHARITIES OF SOUTHERN MISSOURI**

Employer identification number

**80-0455890**

Form 990, Part III, Line 2 - TO PROVIDE SUPPORT FOR VETERANS WHO ARE HOMELESS OR AT IMMINENT RISK OF HOMELESSNESS WHICH INITIATED OCTOBER 2014. TARGETED CASE MANAGEMENT FOR DEVELOPMENTALLY DISABLED EXPANDED IN OCTOBER 2014 TO PROVIDE SERVICES TO THE COUNTY OF CAPE.

Form 990, Part VI, Section A, Line 6 - THE ORGANIZATION IS A MEMBERSHIP CORPORATION WITH THE MEMBERS BEING THE BISHOP OF THE ROMAN CATHOLIC DIOCESE OF SPRINGFIELD-CAPE GIRARDEAU, THE VICAR GENERAL OF THE DIOCESE, THE DIOCESAN FINANCE OFFICER, OR THEIR CANONICAL SUCCESSORS IN OFFICE.

Form 990, Part VI, Section A, Line 7a - CERTAIN POWERS ARE RESERVED TO THE MEMBERS, WHICH INCLUDE TO APPOINT AND TO REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS, WHICH PROVIDE THE MANAGEMENT OF THE CORPORATION.

Form 990, Part VI, Section A, Line 7b - THE POWERS RESERVED TO THE MEMBERS INCLUDE: TO ESTABLISH THE PHILOSOPHY OF THE CORPORATION AND TO DEVELOP, FROM TIME TO TIME, MISSION GUIDELINES TO BE FOLLOWED BY THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR; TO AMEND, REVISE OR OTHERWISE MODIFY THE ARTICLES OF INCORPORATION AND BYLAWS; TO APPOINT AND TO REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS, WITH OR WITHOUT CAUSE; TO PARTICIPATE IN THE SEARCH, EVALUATION AND REMOVAL OF THE EXECUTIVE DIRECTOR IN ACCORD WITH THE PROVISIONS CONTAINED IN THE BYLAWS; TO APPROVE THE CONSOLIDATION, AFFILIATION, MERGER, LIQUIDATION OR DISSOLUTION OF THE CORPORATION; TO APPROVE THE PURCHASE, SALE, LEASE, MORTGAGE, TRANSFER OR ENCUMBRANCE OF ALL BUILDINGS AND LAND IN WICH THE CORPORATION HAS OR WOULD HAVE EQUITABLE OR LEGAL TITLE; AND TO DISTRIBUTE ALL REMAINING ASSETS OF THE CORPORATION UPON THE DISSOLUTION OF THE CORPORATION AS PROVIDED IN THE ARTICLES OF INCORPORATION.

Form 990, Part VI, Section B, Line 11b - FORM 990 IS DRAFTED BY MANAGEMENT AND REVIEWED BY THE FINANCE COUNCIL. UPON APPROVAL BY THE FINANCE COUNCIL, FORM 990 IS PRESENTED TO THE GOVERNING BOARD FOR FINAL APPROVAL AND ISSUANCE.

Form 990, Part VI, Section B, Line 12c - CONFLICT OF INTEREST DISCLOSURE AND CODE OF ETHICS STATEMENTS REQUIRED TO BE SIGNED ANNUALLY. ANY POTENTIAL CONFLICT OF INTEREST IS EVALUATED BY THE EXECUTIVE DIRECTOR TO DETERMINE COMPLIANCE WITH POLICY AND TO ESTABLISH ADEQUATE SAFEGUARDS, AS NECESSARY.

Form 990, Part VI, Section B, Line 15 - COMPENSATION OF EXECUTIVE DIRECTOR CONSISTS OF A BASE SALARY APPROVED BY THE BOARD OF DIRECTORS DETERMINED BY CONSULTING WITH OTHER CATHOLIC CHARITIES AND NON-PROFITS IN THE SURROUNDNG AREA. THE EXECUTIVE DIRECTOR DETERMINES THE COMPENSATION OF OTHER KEY EMPLOYEES BASED ON THE JOB REQUIREMENTS AND COMPARABLE POSITIONS IN LOCAL NON-PROFITS.

Form 990, Part VI, Section C, Line 19 - THE CORPORATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON THE MISSOURI SECRETARY OF STATE'S PUBLIC WEBSITE AND THE FINANCIALS ARE AVAILABLE ON THE CORPORATION'S WEBSITE.

Activity Or Mission Description

Description

GIRARDEAU BY PROVIDING A WIDE VARIETY OF SERVICES TO INDIVIDUALS AND FAMILIES IN NEED THROUGHOUT THE 39 COUNTIES IN SOUTHERN MISSOURI. MOTIVATED BY THE LOVE OF CHRIST, CATHOLIC CHARITIES OF SOUTHERN MISSOURI'S MISSION IS TO IMPROVE THE LIVES OF THE VULNERABLE BY PROVIDING QUALITY, COMPASSIONATE SOCIAL SERVICES WHICH MEET LOCAL NEEDS.

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Mission Description

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Description

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CATHOLIC CHARITIES OF SOUTHERN MISSOURI'S MISSION IS TO IMPROVE THE LIVES OF THE VULNERABLE BY PROVIDING QUALITY, COMPASSIONATE SOCIAL SERVICES WHICH MEET LOCAL NEEDS.

**Schedule O, Statement 3**

Form: 990

Page: 2

Line Number: Part III Line 4d

**CATHOLIC CHARITIES OF SOUTHERN MISSOURI****80-0455890****Other Program Services Accomplishments**

<b>Activity Code</b>	<b>Description</b>	<b>Expense</b>	<b>Grants</b>	<b>Revenue</b>
	RURAL YOUTH MENTORING; ALTERNATIVES TO ABORTION PROGRAM; AND HOUSING AND FINANCIAL COUNSELING.	162,755	0	54,441
<b>Total:</b>		<b>162,755</b>	<b>0</b>	<b>54,441</b>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

80-0455890

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) ROMAN CATHOLIC DIOCESE SPRINGFIELD-CAPE GIRARDEAU 601 S JEFFERSON AVENUE, SPRINGFIELD, MO 65806-3107	Church	MO	501(c)(3)	Line 1	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(2) .....						
(3) .....						
(4) .....						
(5) .....						
(6) .....						
(7) .....						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2014



**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									
(5) .....									
(6) .....									
(7) .....									

# **Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	See Schedule R, Part VII, Statement 1			
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII**

**Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

**Description of Covered Relationships and Transaction Thresholds**

		<b>Amt. Involved</b>
<b>Name</b>	ROMAN CATHOLIC DIOCESE SPRINGFIELD-CAPE GIRARDEAU	
<b>Transaction type</b>	k	50,000
<b>Method of determining amt. involved</b>	FMV OF ANNUAL RENTAL FOR CRISIS MATERNITY HOME	
<b>Name</b>	ROMAN CATHOLIC DIOCESE SPRINGFIELD-CAPE GIRARDEAU	
<b>Transaction type</b>	p	676,493
<b>Method of determining amt. involved</b>	REIMBURSEMENTS FOR HEALTH INSURANCE, PENSION, 403B, COPIER, POSTAGE, OFFICE AND ADMINISTRATIVE FEES	



Company ID Number: 521080

## THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

### ARTICLE I

#### PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Catholic Charities of Southern Missouri (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

### ARTICLE II

#### FUNCTIONS TO BE PERFORMED

##### A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed



**Company ID Number: 521080**

by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF DHS**

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and



**Company ID Number: 521080**

Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo





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and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer

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uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-

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Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

## **D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE**

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States,



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whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with

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Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

### **ARTICLE III**

## **REFERRAL OF INDIVIDUALS TO SSA AND DHS**

### **A. REFERRAL TO SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it

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determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

## **B. REFERRAL TO DHS**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

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## **ARTICLE IV**

### **SERVICE PROVISIONS**

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

## **ARTICLE V**

### **PARTIES**

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

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D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.





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To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

<b>Employer Catholic Charities of Southern Missouri</b>	
<b>Greg Stark</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>03/15/2012</b>
Signature	Date

<b>Department of Homeland Security – Verification Division</b>	
<b>USCIS Verification Division</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>03/15/2012</b>
Signature	Date

**Information Required for the E-Verify Program**

**Information relating to your Company:**

Company Name:	Catholic Charities of Southern Missouri
Company Facility Address:	601 S. Jefferson Ave
	Springfield, MO 65806
Company Alternate Address:	
County or Parish:	GREENE
Employer Identification Number:	80045589



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North American Industry Classification Systems Code:	624
Administrator:	
Number of Employees:	10 to 19
Number of Sites Verified for:	1
<b>Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:</b>	
<ul style="list-style-type: none"><li>MISSOURI 1 site(s)</li></ul>	

**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

Name:	Greg W Stark		
Telephone Number:	(417) 866 - 0841 ext. 125	Fax Number:	(417) 866 - 1140
E-mail Address:	gstark@ccsomo.org		

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ORIGIN ID: SGFA (417) 720-4213  
MAURA TAYLOR  
424 EAST MONASTERY STREET  
SPRINGFIELD, MO 65807  
UNITED STATES US

SHIP DATE: 25AUG16  
ACTWGT: 12.00 LB  
CAD: 106599664/NET3790

BILL SENDER

TO JULIE KLEFFNER  
OFFICE OF ADMINISTRATION  
301 WEST HIGH STREET  
ROOM 630  
JEFFERSON CITY MO 65101

(573) 751-7858  
INV:  
PO:

REF:

DEPT:

54411737014EB

ED BID NO. 170042  
G DATE: 8/26/16  
ED BY: [Signature]  
VED BY: [Signature]

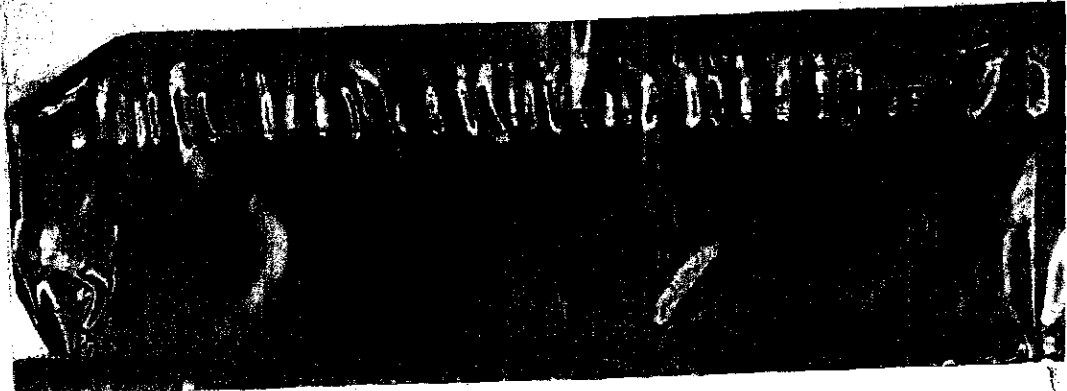


FRI - 26 AUG 9:00A  
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TRK# 7770 8259 8275  
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Align bottom of peel-and-stick airbill or pouch here.

FedEx